



**IIDP Application and Letter of Agreement – For informational purposes only.**

To apply for IIDP Islet and Biomaterials study please access the application submission through the [IIDPWebsite](#), and select Apply Now.

Please note the letter of agreement must be signed by the Investigator and Authorized Institutional Representative before you can receive islets. If you have a peer-reviewed grant from NIH, JDRF or ADA, you will be automatically approved. If you do not have peer-reviewed funding your application will be sent for external review. This will take approximately 4-6 weeks for processing.

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*Application*

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**Islet and Biomaterials Interest**

Please indicate your interest for this study

1. Actively Available IIDP Resources
  - a. Are you interested in freshly-cultured isolated islets?
  - b. Are you interested in isolated non-islet pancreatic tissue (acinar), fresh or flash frozen?
2. IIDP Resources from our Inventory
  - a. Are you interested in flash frozen isolated islets?
  - b. Are you interested in formalin-fixed pancreas tissue sections (histology slides)?
3. Future Non-islet Biomaterial Initiatives
  - a. Are you interested in receiving matched Blood Products?
    - i. Serum (Red Top - Clot; No-Additives)
    - ii. Serum (Yellow Top - ACD -Anticoagulant Citrate Dextrose Solution)
    - iii. Plasma (Lavender Top - EDTA -Ethylenediamine tetraacetic acid; anticoagulant)
  - b. Are you interested in receiving matched Ancillary Tissue?
    - i. Mesenteric Lymph Node
    - ii. Spleen
    - iii. Duodenum
  - c. Are you interested in receiving matched Acinar Tissue?

**Contact Information**

1. First Name, Middle Name, Last Name
2. Degree
3. Academic/Professional Title
4. Email Address
5. Institution
6. Address 1
7. Address 2
8. City
9. State
10. Postal Code
11. Time Zone
12. Telephone Number & Extension
13. Would you like to receive text messages?
14. Cell Phone Number
15. ORCID iD



**Shipping Information**

1. Weekend shipments accepted?
2. FedEx Account Number
3. Shipping Reference
4. Weekday Delivery Shipping Address (if different from mailing address)
  - a. Address 1
  - b. Address 2
  - c. City
  - d. State
  - e. Postal code
5. Weekend Delivery Shipping Address (if different from mailing address)
6. Contact Name (if different from PI)
  - a. Address 1
  - b. Address 2
  - c. City
  - d. State
  - e. Postal code

**Research Study Information**

1. Title of Study
2. Specific Aims
3. Research Methods
4. Rationale for number of islets requested, including number desired per experiment, total number of experiments, replicate requirements, etc.
5. Rationale for use of biomaterials
6. The area of diabetes research that best describes your study
  - a. Beta Cell Stimulus, Secretion, and Coupling
  - b. Beta Cell Death and Dysfunction
  - c. Type 1 Diabetes
  - d. Tissue Engineering and Transplantation
  - e. Alpha Cells
  - f. Genetics and Genomics
  - g. Other
7. IACUC Status

**Islet/Biomaterials Requirements**

1. Date available to begin receiving shipments
2. Anticipated study completion date
3. Total IEQs needed for study completion
4. Ideal and Minimum Islet Requirements

Category	Ideal	Minimum
IEQs/shipment		
Islet Purity %		
Islet Viability %		



5. Number of days between Shipments

	Minimum	Maximum
<b>Number of days between Shipments</b>		

6. Types of Islets

Type of Islets	Ideal	Acceptable but not ideal
<b>Cultured</b>	Yes/No	Yes/No
<b>Type II Diabetic</b>	Yes/No	Yes/No

7. Does your study require donors of a specific ethnicity/race?

- a. American Indian or Alaska Native
- b. Black or African American
- c. Native Hawaiian or Other Pacific Islander
- d. Asian
- e. Hispanic/Latino
- f. White
- g. Other

8. Islet Supplier Preferences Centers that you would like to block

- a. Southern California Islet Consortium
- b. The Scharp/Lacy Institute
- c. University of Miami
- d. University of Pennsylvania
- e. Human Islet Core Facility at Loyola Medical Center

9. How did you hear about the IIDP?

- a. Website (<http://iidp.coh.org>)
- b. Ad in scientific journal (e.g. Diabetes, Transplantation, Journal of Cell Biology, etc.)
- c. Word of mouth
- d. Conference/meeting
- e. Other

**Funding Information**

1. I have funding from a peer reviewed source to conduct this study (e.g. NIH, JDRF).
2. I have funding from a non-peer reviewed source to conduct this study (e.g. charitable foundation, institutional).
3. I have funding from a for-profit source to conduct this study.
4. Funding Information
  - a. Title
  - b. Support Type
  - c. Funding Source
  - d. Grant Number
  - e. Start Date
  - f. Duration
  - g. Award Amt



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*Required Documents*

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1. [Biosketch](#)
2. Letter of Agreement signed by Investigator and Authorized Institutional Representative



## INTEGRATED ISLET DISTRIBUTION PROGRAM (IIDP)

### IIDP Terms of Islet Use & United Network for Organ Sharing (UNOS) Data Use Agreement

1. As an investigator submitting an "Application for Integrated Islet Distribution Program (IIDP) Services Human Islets for Research", I have read the "IIDP Policies and Procedures for Human Islet Distribution", and agree to abide fully with the terms described within the Policies and Procedures document and outlined below
  - a. I will complete all applicable documents and required information in the application packet.
  - b. I will follow [Universal Precautions issued by the Centers for Disease Control and Prevention \(CDC\)](#) while handling tissue
  - c. I agree to use islets, other biomaterials and corresponding data for this specific IIDP approved study only.
  - d. If I pursue unrelated research using biomaterials and data from IIDP, I agree to submit a new application to IIDP for that study.
  - e. Discussions with the IIDP will be held confidential, unless mutually agreed upon otherwise.
2. I understand that
  - a. Failure to comply with the terms listed above may result in suspension of my access to IIDP resources.
  - b. Immediate suspension of IIDP access will occur if the Institutional Biosafety Committee (IBC) or other authorized Institutional group suspends the study. It is my responsibility to inform the IIDP Coordinating Center of such a suspension within fourteen (14) days at [IIDP-email@coh.org](mailto:IIDP-email@coh.org).
  - c. Any studies conducted in violation of the Animal Use Committee or other authorized oversight groups will result in immediate suspension of IIDP access. It will be my responsibility to report notification of such violations to the IIDP Coordinating Center with fourteen (14) days.
3. With regard to publication or sharing of accompanying donor data acquired through the IIDP, the IIDP requires all investigators to sign the following agreement annually
  - a. As an IIDP-approved investigator and recipient of de-identified data originally provided to the IIDP through the Organ Procurement and Transplantation Network (OPTN), I agree to honor the confidentiality of these data.
  - b. I agree to not use these data to attempt to identify an individual or entity, which includes not linking Dataset(s) from any other database or dataset in a manner that violates the privacy of an individual, or corporate or other entity. If I inadvertently discover the identity of any donors or other entity, I agree that (a) I will make no use of this knowledge, (b) I will notify the IIDP of the incident immediately, and (c) I will inform no one else of the discovered identity.



- c. In the rare case where, shared data are not presented in aggregate, I agree to use the assigned RRID Identification number that is provided for each isolation and can be found on the Tissue Shipment Form. No shared information will be identified using the United Network for Organ Sharing (UNOS) Identification number of the islet donor.
- d. I agree that I will acknowledge and cite the IIDP and UNOS as the source of resources and information, including any islets, tissue, slides, data, or images from the IIDP or any of their network webpages. I will abide by the following when acknowledging the IIDP and UNOS.
  - 1. Standard IIDP investigators are to use the following citation “Human pancreatic islets and/or other resources including accompanying data were provided by the NIDDK-funded Integrated Islet Distribution Program (IIDP) (RRIDSCR\_014387) at City of Hope, NIH Grant # 2UC4DK098085.”
  - 2. IIDP Islet Award Initiative (IAI) investigators are to use the following citation “Human pancreatic islets and/or other resources were provided by the NIDDK-funded Integrated Islet Distribution Program (IIDP) (RRIDSCR\_014387) at City of Hope, NIH Grant # 2UC4DK098085 and the JDRF-funded IIDP Islet Award Initiative.”
  - 3. I agree that all publications using the released data will contain this standard statement within the methods section of the publication "This study used data from the Organ Procurement and Transplantation Network (OPTN). The OPTN data system includes data on all donor, wait-listed candidates, and transplant recipients in the US, submitted by the members of the Organ Procurement and Transplantation Network (OPTN). The Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services provides oversight to the activities of the OPTN contractor.
  - 4. I also agree that all publications using the released data will contain this standard disclaimer "The data reported here have been supplied by UNOS as the contractor for the Organ Procurement and Transplantation Network (OPTN). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy of or interpretation by the OPTN or the U.S. Government."
- e. Confirmation of this Data Use Agreement will be required at the beginning of each calendar year through online confirmation, prior to the receipt of islet shipments for that calendar year.

By my signature below I agree to these terms.

Investigator	Date	Authorized Institutional Representative	Date
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