



MASENO UNIVERSITY ETHICS REVIEW COMMITTEE

Tel: +254 057 351 622 Ext: 3050
Fax: +254 057 351 221

Private Bag – 40105, Maseno, Kenya
Email: muerc-secretariate@maseno.ac.ke

EXPORTATION AND/OR STORAGE REQUEST FORM HUMAN SPECIMEN/SAMPLE AND OTHER BIOLOGICAL MATERIALS FOR RESEARCH

SECTION A: APPROVED STUDY/ PROJECT DETAILS

- i. Title of the Research Study/Project: _____

- ii. MUERC Proposal Reference Number: _____
- iii. MUERC Ethics Approval/Extension Date: _____
- iv. Duration of Study/Project: From ____/____/____ To ____/____/____
- v. Institution Hosting the Research Study/Project (Include Physical Address): _____

SECTION B: STUDY/ PROJECT INVESTIGATOR DETAILS

- i. Name of Principal Investigator(s): _____

- ii. Principal Investigator(s) Contact Phone Number(s): _____

- iii. Principal Investigator(s) e-mail Addresses: _____

- iv. Institutional Affiliation and Addresses: _____





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v. Other Investigators

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
-

SECTION C: SPECIMEN/SAMPLE/BIOLOGICAL MATERIAL DETAILS

Is the Request for specimen/sample exportation _____ or storage _____ or both _____? (Tick where appropriate)

Describe in detail the type of Specimen/Samples/Biological Material to be exported or stored

Outline reasons and purpose for Specimen/Samples/Biological Material exportation or storage

Indicate whether written informed consent was obtained from study/project participants for exportation or storage of human Specimen/Samples/Biological Material (Attach a copy of the consent form)

If Specimen/Samples/Biological Material are to be stored, what is the duration of storage?

(Specimen/Samples/Biological Material stored beyond duration of current study require MUERC approval)





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SECTION D: PARTICIPATING INSTITUTIONS DETAILS

Name of Recipient Institution or Department responsible for the Specimen/Samples/Biological Material: _____

(Complete separate request forms if Specimen/Samples/Biological Material are to be send or stored by more than one Institution)

Address of Recipient Institution stated above: _____

Names of Person(s) responsible for the human Specimen/Samples/Biological Material in the Recipient Institution or Department: _____

Address of Person(s) responsible for the human Specimen/Samples/Biological Material stated above (Include email address and direct phone number): _____

SECTION E: ROLE OF KENYAN INSTITUTIONS AND/OR INVESTIGATORS/ TRAINEES IN OVERSEAS STUDIES/PROJECTS

Does the Kenyan Institution have roles in investigations using human Specimen/Samples/ Biological Material exported or stored in overseas Institutions?

If the answer to the above question is yes, outline the roles

Name of Kenyan Investigator or Trainee expected to be involved in conducting research/analyses on human Specimen/Samples/ Biological Material exported or stored in overseas Institutions

Role of Kenyan Investigator or Trainee stated above in overseas studies





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SECTION F: DECLARATIONS

i. Declaration by the person requesting Exportation or Storage of human Specimen/Samples/ Biological Material for research:

I certify that the information provided in this request form is true and correct to the best of my knowledge, and I hereby declare that the specimens referred to herein will be utilized for the stated purpose only

Name: _____

Role in the Study/Project: _____

Signature: _____ Date: _____

ii. Declaration by Recipient Institution:

This is to certify that the human Specimen/Samples/ Biological Material referred to herein being sent to _____ (Name of Institution) for further analyses/experimentation will be in the custody of the Department of _____, and I hereby confirm that they will be utilized for the purpose stated in this request form, and I accept full responsibility and control over the usage of these samples.

Name of Department/Institution Head: _____

Signature: _____ Date: _____

SECTION G: FOR MASENO UNIVERSITY ERC USE ONLY

i. Request Considered and Approved by the MUERC during its Meeting Held on:

ii. Request Considered and Deferred Due to the Following Reasons:

- a. _____
 - b. _____
 - c. _____
 - d. _____
-

SECTION H: REQUEST APPROVALS

Request Approved By:

Secretary MUERC: _____ **Date:** _____

Chairman MUERC: _____ **Date:** _____



