**國家衛生研究院**

**感染症與疫苗研究所 感染症研究組 微生物研究諮詢實驗室**

**Microbial Infections Reference Laboratory (MIRL)**

Division of Infectious Diseases, National Institute of Infectious Diseases and Vaccinology (NIIDV), National Health Research Institutes (NHRI)

**External APPLICATION for TSAR/TSARY/TSARM Isolates**

Guidelines and process

1. The purpose of providing TSAR/TSARY/TSARM isolates is to facilitate researches. Isolates should be used for research purpose only and should not be transferred to a third party.
2. TSAR/TSARY/TSARM isolates shall be made available one year from the time of collection to the TSAR/TSARY/TSARM hospitals and two years from the time of collection to non-TSAR/TSARY/TSARM hospitals. Only isolates collected under TSAR/TSARY/TSARM surveillance project are open for request.
3. The merit of the research will determine whether the request will be honored, which is determined by the Director of the NIIDV at NHRI.
4. The applicant will be notified of the decision within 2 months of application receipt.
5. MIRL reserves the right to negotiate the number of isolates.
6. All infectious material transfer must be approved by the biosafety committees of the applicant's organization and NHRI.
7. There is a possibility that other researchers may be already working on a similar or the same project.
8. Please acknowledge TSAR/TSARY/TSARM (NHRI) in public presentation and manuscript submitted for publication that contains data generated from the use of these isolates.

* Questions regarding isolate request may be addressed to:

**Bacterium:** Dr. Shu-Chen Kuo (郭書辰), Tel: 037-206166 ext 35527, Fax: 037-586457

Email: sckuo@nhri.edu.tw

**Yeast:** Dr. Hsiu-Jung Lo (羅秀容), Tel: 037-206166 ext. 35516. Fax: 037-586457

Email: hjlo@nhri.edu.tw

**Mold:** Dr Chi-Jung Wu (吳綺容), Tel: 06-7000123 ext. 65220 Fax: 06-2083466

Email: wucj@nhri.edu.tw

* **Send the application to:**

苗栗縣竹南鎮35053科研路35號

國家衛生研究院

感染症與疫苗研究所 感染症研究組

RE: \_\_ TSAR Isolate Request

\_\_ TSARY Isolate Request

\_\_ TSARM Isolate Request

Division of Infectious Diseases

National Institute of Infectious Diseases and Vaccinology (NIIDV)

National Health Research Institutes

35, Keyan Rd. Zhunan Town

Miaoli County. Taiwan, 350

RE: TSAR/TSARY Isolate Application

**國家衛生研究院**

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**Microbial Infections Reference Laboratory (MIRL)**

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**External APPLICATION for TSAR/TSARY/TSARM Isolates**

* **Name of Applicant: Date:**

Tel: ( ) Fax: ( ) E-mail:

Mailing Address:

Position:

Affiliation:

* **Purpose of Requesting the Isolates (Project Title if any):**
* **Name, Position and Affiliation of All Collaborators:**
* **Species and number of isolates requested:**
* **Specification of isolate (Note: One or more items may be checked):**
  1. **Year of isolate**
     + **TSAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
     + **TSARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
     + **TSARM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  2. **Type of hospital**

□ **Medical Center** □ **Regional Hospital** □ **Unspecified**

* 1. **Geographic region**

□ **North** □ **Middle** □ **South** □ **East** □ **Unspecified**

* 1. **Specimen source of isolate**
     + **Blood** □ **Respiratory tract** □ **Urine** □ **Wound**
     + **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
     + **Unspecified**
  2. **Patient category of isolate**

**□ HAI □ OPD/ER □ Pediatric □ ICU □ Non-ICU □ Unspecified**

**6. Other specifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Is this collaboration with NHRI? (**Use of TSAR/TSRY/TSARM laboratory generated data constitute as collaboration and shall be treated as such in publication**)**

**\_\_\_\_ No**

**\_\_\_\_ Yes, with collaboration with (name and position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* + **I certify that my laboratory is equipped to handle the biosafety level of the organisms being requested.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Applicant Signature)**

* + **Request received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**External APPLICATION for TSAR/TSARY/TSARM Isolates**

**Notification to applicant**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Your application has been reviewed and the following decision has been made.

□ Your application has been approved.

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to arrange for isolate pickup and documents.

□ Your application has been approved with the following modification.

If the modification is acceptable, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to arrange for isolate pickup and documents.

□ Please provide the following additional information:

□ We regret that we could not comply with your request due to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director, National Institute of Infectious Diseases and Vaccinology (NIIDV)**

**National Health Research Institutes (NHRI)**