



<b>Procedure Name:</b> Freezer Farm	<b>Number:</b> SOP 26 v1.0
<b>Subject:</b> Clinical Research	<b>Effective Date:</b> June 11, 2025
<b>Linked Policy:</b> Clinical Research Operations & Compliance Policy	<b>Revised Date:</b>

**PURPOSE:**

The Freezer Farm is an Office of Clinical Research core service offered to investigators who wish to store their research samples in high reliability, temperature monitored and controlled storage environment. The purpose of this document is to define a process for investigators to utilize the Freezer Farm in Ross Hall. This process will help ensure that all requests are tracked and logged in the same place with oversight from the Office of Clinical Research (OCR). This procedure allows for greater organization of the requests and oversight of what is being stored in the Freezer Farm.

**SCOPE:**

This Standard Operating Procedure (SOP) outlines the recommended process and procedures used by investigators or designees for storage of samples and to access space in the Freezer Farm. It will also outline what information will be collected at the time requests are made.

**ROLES & RESPONSIBILITIES:**

Principal Investigator/Designee	Request space/monitor their samples
OCR designee	Monitor requests and assume overall oversight of space/inventory
Ross Hall designee	General operations of Freezer Farm

**MATERIALS, EQUIPMENT & FORMS**

- A. FORMS
  - a. Request Form for Space
  - b. Freezer Farm Agreement
  - c. Freezer Farm Sample Inventory
- B. EQUIPMENT
  - a. 80 C freezers
  - b. Freezer dividers
  - c. Temperature monitoring
- C. MATERIALS
  - a. Storage boxes with internal dividers



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- b. Box identification label
- c. Cryotag label

**PROCEDURES:**

- A request needs to be submitted to freezer farm admins via [clinicalresearch@mfa.gwu.edu](mailto:clinicalresearch@mfa.gwu.edu)
- All samples which are being transferred into the freezer farm need to be submitted with an inventory log for each box submitted.
- A quality check will be performed by freezer farm staff and the research team to ensure the inventory log matches the submitted samples.
- All samples will be stored in the freezers in the exact condition that they are submitted.
- Each box will be labeled with an appropriate cry-tag label (responsibility of the PI/research team to obtain) as will each sample within each box for tracking purposes.
- The contents of the box will not be moved or needlessly handled unless the owners ask for the return.
- All changes of inventory must be logged in a list maintained by the research team and the freezer farm must be notified as soon as the change occurs.
- In the event of an emergency or power outage requiring immediate removal of samples, investigators will be contacted with further instructions. These instructions will be documented in freezer farm records.
- The freezer farm cannot hold samples that are orphaned by an investigator without prior arrangements made for indefinite storage or transfer to another facility. Please contact [clinicalresearch@mfa.gwu.edu](mailto:clinicalresearch@mfa.gwu.edu) if you have samples you would like to keep in the freezer farm for an indefinite time after your departure from the institution.

**ATTACHMENTS:**

- Freezer Farm Request Form
- Freezer Farm Agreement
- Freezer Farm Sample Inventory



## Freezer Farm Request Form

Principal Investigator	Click or tap here to enter text.
Project (short title)	Click or tap here to enter text.
Type of Samples (whole blood, urine, tissue, serum, etc)*  *If there are multiple types, please list all.	Click or tap here to enter text.
How many samples will be stored?	Click or tap here to enter text.
How long will storage be needed?	Click or tap here to enter text.

### For OCR Use Only:

Request Approved

Request Denied\*

\*Reason for denial: Click or tap here to enter text.

**OCR Signature:** \_\_\_\_\_

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



## Freezer Farm Agreement

**Project Short Title:** Click or tap here to enter text.

Agreement	PI Initial
I agree that all samples in this delivery are accurately represented by the attached inventory form.	
I understand that the Freezer Farm is not responsible for samples that are not accurately placed in the box.	
I understand that it is my responsibility as the sample owner to ensure that the samples are exactly what the inventory says they are.	

**PI Signature:** \_\_\_\_\_

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

