



AUTISM RESEARCH RESOURCE

STATEMENT OF RESEARCH INTENT

Date: _____

Please list the Repository numbers for the samples being ordered:

Please provide a diagnosis or description for the samples being ordered:

Please describe the research to be done with the sample(s): (You may wish to type your description and attach it to this form.)

Name: _____

Institution: _____

e-mail: _____

Please provide the e-mail address of the Principal Investigator in the event we need to contact him/her about the order.

To contact the CORIELL CELL REPOSITORIES:

Write: 403 Haddon Avenue; Camden, New Jersey 08103; USA

Call: 800-752-3805 in the United States; 856-757-4848 from other countries

e-mail: customerservice@coriell.org