

NIA AGING CELL REPOSITORY

STATEMENT OF RESEARCH INTENT AND SECONDARY DISTRIBUTION

For each research project, submit a separate Statement of Research Intent. Please fill out all parts of the form. Use additional sheets as necessary.

<u>Part I:</u> Contact information for Principal Investigator who is responsible for the use of the cell cultures or DNA samples

Principal Investigator Name: _	
Title:	
Institution:	
Email:	
Signature:	
Date signed:	

<u>Part II:</u> List the NIA Repository number for each cell culture, DNA sample, or DNA Panel you wish to order (or attach list).

NIA Repository Number	Description

Part III: Disease or trait(s) of interest

A. Is your research project focused on the study of one or more specific diseases, characteristics, or traits?

Yes No

B. If yes, please indicate the specific disease or trait(s) that you plan to study in this research project.

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Part IV: Select the one category that best describes your research intent.

Characterize Genes and Mutations
Conduct Proteomic Studies
Derivative Cell Line Development
Disease Modeling
DNA Methylation
Drug / Target Discovery
Education
Evolutionary Studies
Identify Regulatory Elements
IPS Cell Line Development / Characterization
Map Genes
Perform Functional Studies
SNP Discovery / Genotyping / Haplotyping
Study Gene Expression
Use as Positive or Negative Control for Assay Development
Use as Positive or Negative Control for Genetic Testing
Use in Animal Model(s)
Whole Genome Sequencing
Other: (please specify)

<u>Part V:</u> Description of Sample Use Describe in detail the study or studies you will conduct using these samples. You may type description, or include a copy of the abstract of your research grant that describes the project. If, in the future, you plan to use these samples for a purpose different from what you have indicated here, you must submit another Statement of Research Intent. There will be no additional charge.



<u>Part VI:</u> Please provide information about proposed secondary distribution, if any. Select which category best describes your usage. All shared usage must conform to the Secondary Use Policy. Please review the policy to determine whether your intended use is permitted.

These samples will be used only in the Principal Investigator's laboratory by his/her staff under his/her direct supervision.

These samples will be shared with one or more Principal Investigators for a single research study

All collaborating Principal Investigators must have a current NIA Assurance Form on file. Please supply name and contact information for each collaborator:

These samples will be shared as part of a multi-user core facility *Please describe the role of the core facility:*

These samples will be distributed as aliquots or derivatives for use as biological reference materials

Please describe the nature of the project:

These samples will be used to develop a Highly Unique Resource *Please describe:*

Part VII: Certifications

By completing this form, I certify that I have read and agree to abide by the policy regarding use of samples in the NATIONAL INSTITUTE OF AGING REPOSITORY. Please complete this checklist:

I will not redistribute samples unless the options above have been reviewed and approved by Coriell.

I will not use these samples for new studies unless I provide Coriell with a new Statement of Research Intent.

I will make sure that my collaborator(s) are aware of and will abide by the Repository's

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policy regarding secondary distribution of samples.

Contact Coriell Institute for Medical Research

403 Haddon Avenue Camden, New Jersey 08103 Telephone: (800) 752-3805 or (856) 966-7377 Email: customerservice@coriell.org