



Approval to submit must be renewed at least annually

Investigator Contact Information:

Name: _____
Institution: _____
Address: _____
E-mail: _____
Phone: _____
Fax: _____

Study Coordinator (this person will serve as a day-to-day contact for Repository staff, and will enter clinical data):

Name: _____
Institution: _____
Address: _____
E-mail: _____
Phone: _____
Fax: _____

Funding Information:

Funded By: NINDS Y/N
Other (*please specify*): _____
Grant Number: _____
Start Date: _____
End Date: _____
Grant Title: _____
Grant Principal Investigator: _____

Embargo Period:

I am aware that imposing an embargo reduces cost benefits for purchasing samples from the NINDS Repository, and “Release immediately” is associated with maximum cost benefits. Cost benefits (purchasing discounts) are awarded for every acceptable submission (includes acceptable biospecimens and clinical data or longitudinal clinical data submissions) to the NINDS Repository.

Options: (*select one*)

- Release immediately
- Release 1 year from date of submission



Please acknowledge all of the following:

1. The iPSC lines are generated from subjects enrolled at my Institute. I will provide a copy of pertinent IRB approval documentation to the NINDS Repository as part of the sample submission to the NINDS Repository.

Or,

2. The iPSC lines are generated from already de-identified materials derived from subjects enrolled at a third party Institute. I will provide a copy of pertinent IRB approval documentation to the NINDS Repository

NOTE THAT THE NINDS REPOSITORY DOES NOT ACCEPT MATERIALS WITH HIPAA IDENTIFIERS.

3. I will transfer CDE information to the NINDS Repository electronically using the Repository's electronic data entry system, as required, when the sample is submitted.
4. I agree to send the NINDS Repository any information on genetic variations, mutations, copy number variations, etc., about the iPSC line(s) found that would be of value to know.
5. I am aware that to promote sharing I am required to report all publications which refer to a given sample or sample set from the NINDS Repository when published, noting sample or catalog numbers in the publications (send email to ninds@coriell.org).
6. I have reviewed the Submitter's Guide and the Frequently Asked Questions (FAQs) section of the NINDS Repository Website; see <http://ccr.coriell.org/ninds>.
7. I agree to provide sample documentation (<http://ccr.coriell.org/Sections/Support/NINDS/scsf.aspx?PgId=741>) and to share protocols for sample preparation if requested by the NINDS Repository.
8. I acknowledge and agree that my submission can be distributed according to the terms and conditions of the NINDS Repository MTA (MTA link here).

By signing below, I agree to abide by the regulations of the NINDS Repository.

Submit to: NINDS Repository at NINDS@coriell.org Fax: 856-966-5067

Signature, Investigator Date

Form 1401-82 Rev A-050812