

NIGMS HUMAN GENETIC 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.

Part I: 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: _____

Part II

List the NIGMS Repository number for each cell culture, DNA sample, or DNA Panel you wish to order (or attach list).

NIGMS 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.

Part IV: Select the categories that best describes your research intent (check all that apply):

- 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): _____

Part V: Description of Sample Use. Describe in detail the study or studies you will conduct using these samples. You may type the 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 provide here, you must submit another Statement of Research Intent. There will be no additional charge.

Part VI: 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 NIGMS 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

Provide information about proposed sharing of personally identifiable genetic information (PIGI)¹ with individuals outside your laboratory:

PIGI will not be generated.

PIGI will not be shared with individuals outside my laboratory.

¹ PIGI includes, but is not limited to: whole-genome microarray genotyping data, whole-exome sequence data, whole-genome sequence data, and other genetic data that could potentially be used to identify an individual.

- PIGI will be shared with another investigator².
- PIGI will be deposited in a controlled-access database.
- PIGI will be deposited in an open-access, public database³.
- Other (please specify): _____

Describe specifically intended PIGI sharing, indicating with whom you propose to share the data and what type of PIGI will be shared (e.g., whole-genome microarray data, whole-genome sequence data, etc.):

Part VIII: Certifications

By completing this form, I certify that I have read and agree to abide by the policy regarding use of samples in the NIGMS HUMAN GENETIC CELL 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 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

² The investigator(s) with whom PIGI will be shared must submit a completed NIGMS Human Genetic Cell Repository Statement of Research Intent Form.

³ Please note that it is permitted to deposit PIGI in an open-access public database for only a small subset of NIGMS Human Genetic Cell Repository samples. Click [here](#)⁴ for a list of these samples.

⁴ https://catalog.coriell.org/0/Sections/Collections/NIGMS/pigi_consented.aspx?PgId=745&coll=GM