

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.

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 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.

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 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



policy regarding secondary distribution of samples.

Contact Coriell Institute for Medical Research

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Email: customerservice@coriell.org