

## 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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**

*Principal Investigator agrees that sample use is for a single project only and that any remaining material will be returned or destroyed upon completion of the project. All collaborating Principal Investigators must have a current NIA Assurance Form on file. Please supply name, institution, title, address and contact information for each collaborator:*

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

*Please describe the nature of the project:*

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

*Please describe:*

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**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 understand and will fully comply with the NIH Policy on Enhancing Security Measures for Human Biospecimens (NOT-OD-25-160), as well as associated NOT-OD-25-083.
- I certify that no NIA Repository human biospecimens or data shall be directly or indirectly transferred, distributed, shipped, shared, sublicensed, accessed, analyzed, stored, or otherwise made available to any institution, entity, affiliate, subsidiary, branch, contractor, or individual located in a Country of Concern, including but not limited to China (including Hong Kong and Macau), Cuba, Iran, North Korea, Russia, Venezuela, or any countries added to the policy by the NIH.
- 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](mailto:customerservice@coriell.org)