

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

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**Part VI: Please provide information about proposed secondary distribution, if any.**

Select which category best describes your usage.

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 NIGMS 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 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**

**Provide information about proposed sharing of personally identifiable genetic information (PIGI)<sup>1</sup> with individuals outside your laboratory:**

- PIGI will not be generated.
- PIGI will not be shared with individuals outside my laboratory.
- PIGI will be shared with another investigator<sup>2</sup>.
- PIGI will be deposited in a controlled-access database.
- PIGI will be deposited in an open-access, public database<sup>3</sup>.
- Other (please specify): \_\_\_\_\_

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

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

<sup>3</sup> 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.

**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.):**

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**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 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 NIGMS 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)