

Tau Consortium Induced Pluripotent Stem Cell Request Form

Investigator Name: _____

Name of Principal Investigator (if different than above): _____

Institution: _____

Email: _____

Date of Request: _____

Project Title: _____

Request [New Request/Amendment]

If this is an amendment, please provide previous protocol ID number: _____

Tau Consortium (TC) Investigator: [Y/N]

If no, is this project in collaboration with a Tau Consortium investigator?: [Y/N]

If yes, include collaborator's name: _____

IRB Approval: [Y/N/Exempt]

Embryo Research Oversight Committee Approval: [Y/N/Exempt]

Sample Type Requested: [iPSC/NPC/other]:

Genotype: _____

Donor and clone number for each genotype: _____

In receiving these lines you acknowledge and agree to the following:

- (1) No third party distribution of the stem cell lines without written permission from the Neural Stem Cell Institute's Scientific Director _____ (Initials)
- (2) iPSC lines or their derivatives will not be used for transplantation in humans. _____ (Initials)
- (3) Any derivatives or modifications generated from the source materials provided must be deposited in the Tau Consortium Line Collection at the Neural Stem Cell Institute with supporting data and documentation. _____ (Initials)

- (4) Acceptance of TC iPSC lines obligates the recipient to cite/reference the Tau Consortium in any presentation or publication that may result from this research and will include the following language in the Acknowledgements section: “*Human induced pluripotent stem cells were provided through the generous support of the Tau Consortium of the Rainwater Charitable Foundation.*” _____ (Initials)
- (5) Should publications result from the use of TC iPSC lines now or in the future, the recipient agrees to notify the Neural Stem Cell Institute and Tau Consortium with details (reference or PubMedCentral ID#) _____(Initials)
- (6) Should funding result from this research now or in the future, please notify the Tau Consortium Program Director (Patrick Brannelly, pbrannelly@rainwatercf.org) with details (grant title, abstract, sponsor, number, dollar total, and dates).
_____(Initials)
- (7) Any costs generated in sharing data or cell lines are the recipient’s responsibility.
_____(Initials)
- (8) To abide by current ISSCR guidelines for conduct of stem cell research and clinical translation. _____(Initials)

Signature of Applicant: _____

Date: _____

Internal Use Only

Approved By: _____

Date: _____

Protocol ID: _____