



NEI-AREDS Genetic Repository

Statement of Research Intent Version 2: June 5, 2008

TO EXPEDITE YOUR ORDER, IT IS IMPORTANT THAT YOU COMPLETE THE FORM AS PER THE INSTRUCTIONS.

Please fill out all parts of the form. Use additional sheets as necessary.

Part I: Disease(s) and phenotype(s) of interest

A. Please indicate what type of disease research you plan to conduct using these samples:

- Eye disease research only
- Eye disease research as well as other disease research
- Other disease research only

B. Please indicate below the specific disease(s) and phenotype(s) that you plan to study in this research project.

Note: Some participants consented to have their genetic specimen used for eye disease research only. Therefore, research projects for diseases other than eye disease may not use genetic specimens from these participants and should not be ordered.

Part II: Please select below the *one* choice that best describes your research project:

- SNP discovery/genotyping/haplotyping
- Sequencing
- Map genes
- Identify novel genes
- Characterize genes and variants
- Control for assay development
- Other (please specify below)

Part III: Please describe in detail the research project that you will conduct using these samples. You may type and attach the description, or include a copy of the abstract of your research grant that describes your research project.

Part IV: Please provide a 1-3 sentence *lay summary* of your proposed project using these samples. *It is important to make your summary as informative and understandable as possible to individuals who have little or no training in science or genetics.*

Part V: Secondary Distribution and Shared Use of DNA Samples

A. Will these samples be used by any investigators other than the Principal Investigator placing the order?

- Yes
 No

B. If Yes, then all shared usage must conform to the Secondary Distribution Policy (see Appendix 2 of the Assurance Form). Sharing samples with other investigators is not allowed except under specific, approved circumstances.

Please check one:

- These samples will be used only by scientific staff in a laboratory under the direct supervision of the Principal Investigator placing the order.
- These samples will be shared by the Principal Investigator placing the order with one or more collaborating Principal Investigators for a single research study. *In addition to the Principal Investigator placing the order, all collaborating Principal Investigators must each submit an Assurance Form (or have a current Assurance Form on file) and also submit a separate Statement of Research Intent.*

Please check one:

- I am the Principal Investigator placing the order. In addition to my contact information, I am providing the contact information for each collaborating Principal Investigator where indicated below.
 - I am a collaborating Principal Investigator. In addition to my contact information, I am providing the contact information of the Principal Investigator placing the order where indicated below.
 - These samples will be distributed as aliquots or derivatives for use as biological standards.
 - These samples will be shared as part of another arrangement. Please specify below.
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Part VI: Contact Information

Principal Investigator filling out this form: _____

Name of Institution: _____

E-mail: _____

Signature: _____ Date: _____

If the samples will be shared, please provide the contact information for the Principal Investigator placing the order or the collaborating Principal Investigator(s), as applicable, below:

Name	Institution	E-mail

To contact the CORIELL CELL REPOSITORIES:

Write: 403 Haddon Avenue, Camden, New Jersey, 08103 USA
Call: 800-752-3805 in the United States; 856-757-4848 from other countries
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