

National Institute on Aging
AGED CELL REPOSITORY

Part III: Select the one category which best describes your research intent

- DNA Sequencing: One or more Genes
- DNA Sequencing: Whole Genome
- Education
- Epigenetics/Methylation/Chromatin Structure
- Evolutionary/Phylogenetic Studies
- Functional Studies: Cell Cycle Control/Cell Signaling
- Functional Studies: DNA Repair
- Functional Studies: Response to Chemicals/Toxins/Drugs
- Functional Studies: Cell Differentiation
- Functional Studies: Use in Animal Model(s)
- Functional Studies: Not Otherwise Specified
- Gene Expression: mRNA, microRNA or ncRNA
- Genotyping/Haplotyping: Copy Number Variation
- Genotyping/Haplotyping: Genome-wide
- Genotyping/Haplotyping: One or panels of gene(s)
- Genotyping/Haplotyping: Not Otherwise Specified
- iPS Cell Line Development
- Derivative Cell Line Development, not iPS
- Mapping Genes/Breakpoints
- Reference Material for Clinical/Diagnostic Genetic Testing
- Reference Material for Instrument Validation and/or Training
- Reference Material for Proficiency Testing
- Reference Material for Research Use
- Proteomics
- Other: Please specify _____

Part IV: Description of Sample Use Please describe the study or studies 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 the project).

NOTE: 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 V: 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 if 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 will need to 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 used to make derivatives by manipulation of genome (via viral infection or transfection).

Please describe the nature of the derivatives: _____

***NOTE:** Customers who create derivatives from NIA cell lines that are the subject of a peer-reviewed publication are asked to bank the derivatives in the repository.*

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

Fax: 856-757-9737; E-mail: ccr@coriell.org