

TO BE FILLED IN BY CORIELL CELL REPOSITORIES

Repository Number _____
Date Received ____/____/____
mm dd yyyy

NIA Aging Cell Repository NON-HUMAN SPECIMEN SUBMISSION FORM

Please **check** or **complete** all applicable items. Complete one form per submission.

SUBMITTER CONTACT INFORMATION

Principal Investigator Name _____
Institution: _____
Address: _____
Telephone# _____ Fax# _____
E-mail address _____

NONHUMAN SUBMISSIONS:

Genus _____ Species _____
Common Name _____
Endangered Animal? ____ No ____ Yes
If Yes, please indicate ____ born in captivity ____ caught in the wild and supply ISIS specimen report
Subspecies _____ Strain _____
Sex _____
Date of Birth: ____/____/____
mm dd yyyy

Biopsy Type ____ peripheral blood ____ tissue (describe) _____
Age at Time of Biopsy _____
Purpose of Biopsy _____
Animal ID number _____
Specimen ID number _____

Pertinent Health Information _____

RELEASE AND PERMISSION FORM

I hereby grant permission for the sample and cells derive from this sample to be stored in the NIA Aging Cell Repository and for progeny cells and derived DNA to be distributed to qualified investigators.

DELAYED RELEASE

To encourage storage of valuable cell cultures in the Repository, provision has been made for delayed release to other investigators if the submitter so desires. Please check your preference:

Release only to submitter or designee during the first year ____ Yes ____ No

SUBMITTER SIGNATURE

Mail completed form with the submission to:

Coriell Cell Repositories
403 Haddon Avenue, Camden, New Jersey 08103
Telephone: (800)-752-3805 in USA (856)-757-4848 from other countries
Fax: 856-757-9737 e-mail: ccr@coriell.org