TO BE FILLED IN BY CORIELL CELL REPOSITORIES
Repository Number _____
Date Received _____/_____/_____
mm dd yyyy

NIA Aging Cell Repository
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 _____

SUBJECT INFORMATION

AGE AT TIME OF SAMPLING: _____
____Years ____Months ____Weeks ____Days ____Newborn
If fetal tissue _____ Fetal Weeks Gestation

PHENOTYPIC SEX: (check one)
____Male ____Female ____Ambiguous

ETHNIC ORIGIN: (check ALL applicable):
____Caucasian ____Chinese ____Native American ____African American ____Japanese
____Hispanic/Latino ____Korean ____East Indian ____Vietnamese
____Other (State ethnicity as specifically as possible) _____

CLINICAL PHENOTYPE:
____Clinically Affected ____Clinically Normal ____Balanced Chromosome Abnormality
____At Risk ____Variant ____Unbalanced
Chromosome Abnormality
____Unaffected Carrier ____Other_____

DIAGNOSIS:
_____
McKUSICK NUMBER: _____

CLINICAL MANIFESTATIONS SUMMARY
(or please attach a detailed clinical description or case history)
_____
_____
_____

SOURCE OF CLINICAL INFORMATION:
____Personal Examination ____Hospital Records ____Genetics Clinic Record
____Specialist's Report ____Autopsy Record ____Private Physician
____Other _____

Please include a detailed pedigree. Is Pedigree included? ____Yes ____No

SAMPLE INFORMATION

___ Cell Culture (complete Cell Culture Information Section, below)
____ Tissue (complete Tissue Information Section, below)

TISSUE INFORMATION:

TYPE OF SAMPLE SUBMITTED:
Tissue: ____Peripheral blood
____Solid tissue biopsy
Anatomic Biopsy Site _____
Tissue Type _____
Date biopsy taken _____
Method of Biopsy _____
____Other_____

NOTE: No biopsies or cell cultures submitted to the Repository are to be obtained from a live fetus, defined by the presence of pulse, circulation, and other vital signs.

CELL CULTURE INFORMATION:

TYPE OF SAMPLE SUBMITTED:
Culture: ____Fibroblast ____ Lymphoblast____ Differentiated (indicate type)_____
Number of cells seeded in flask sent to Repository_____
Passage # of submitted culture _____
Population doubling level _____
Method used to determine PDLs _____
In vitro lifespan: _____
Date culture was originally established _____/_____/_____
Month Day Year

IF TISSUE-DERIVED CELL CULTURE
Subculturing Technique ___Trypsin ___Collagenase ___Explant ___Other_____
Time Interval between biopsy and culture establishment: _____
Was specimen was obtained postmortem? ___no ___yes
If yes, time interval between death and biopsy _____
If yes, cause of death: _____

CULTURE MEDIUM IN WHICH SUBMITTED:
____McCoys 5A (___%) ____Hanks-Eagles (___%) ____Eagles-Earles (___%)
____Ham's F-12 (___%) ____Ham's F-10 (___%) ____RPMI 1640 (___%)
____Other_____
SERUM: _____% ____Fetal bovine serum ____Other_____
Heat inactivated? ____yes ____no
ADDITIVES: ____ Yes ____ No
Antibacterial: ____ Penicillin ____ Streptomycin ____ Gentamycin
____Other_____
Antifungal: ____ Fungizone ____ Mycostatin
____ Other_____
Other _____

SPECIAL INSTRUCTIONS FOR GROWTH, HANDLING, OR FREEZING:
_____
_____
_____

ADDITIONAL PERTINENT INFORMATION:
Has this patient/family/cell line been reported in the literature? ____Yes ____No
Please cite reference(s):_____
Are you aware of other specimens from this particular individual or family that are stored in the Coriell Cell Repositories? ____Yes ____No
If yes, what are their Repository numbers and what are their relationships:
_____
_____

DIAGNOSTIC LABORATORY TESTS AND STUDIES:

BIOCHEMICAL/MOLECULAR STUDIES: ____Yes ____No

Type of Assay_____
Method Used (Please cite reference):_____
Were the studies done on this culture? ____Yes ____No
If no, what tissue, specimen or culture?_____
Results:____Normal ____Consistent with Diagnosis____Other_____

CHROMOSOMAL STUDIES: ____Yes ____No

Staining methods used:_____
Other chromosome analyses:_____
Were the studies done on this culture?____Yes ____No
If no, what tissue or culture?_____
Current ISCN Nomenclature_____
_____
Result: The chromosome rearrangement is: ____Balanced ____Unbalanced
_____
Chromosome breakage level?_____
Sister chromosome exchange level?_____

ADDITIONAL REMARKS:_____
_____

RELEASE, PERMISSION, AND CONSENT FORM

I hereby grant permission for cells 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. Appropriate IRB-approved informed consent has been obtained from the donor subject and an unsigned copy of this consent form is attached.

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 following submission ____Yes ____No

Submitter's Signature_____Date _____/_____/_____
Month Day Year

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