

NINDS Repository Collaborator Approval and Tracking Data

****Tracking Data must be renewed annually at the same time as IRB re-approval****

Collaborator Contact Information:

Name:

Address:

E-mail:

Phone:

Fax:

Study Coordinator:

Name:

Address:

E-mail:

Phone:

Fax:

The Principal Investigator of the grant and grant number associated with this banking effort are:

Name: _____

Grant #: _____

If different from the PI named on the grant, the scientist that is overseeing this banking effort with the Collaborator named in this tracking form is (if applicable):

Please acknowledge all of the following:

1. ☐ I will submit samples under my IRB-Approved Consent. COPY OF YOUR APPROVED CONSENT MUST ACCOMPANY THIS REQUEST.

Or

☐ I will submit samples under my Investigator's IRB-Approved Consent. COPY OF YOUR INVESTIGATOR'S APPROVED CONSENT MUST ACCOMPANY THIS REQUEST.

2. ☐ I am submitting from a site in the United States or Canada and I will transfer CDE information to Coriell electronically using the Repository's electronic data entry system, as required, when the sample is submitted.

Or

☐ I am submitting from a site outside the United States or Canada and I elect to transfer CDE information to Coriell electronically when the sample is submitted.

Or

☐ I am part of a large project and the Investigator of this project is arranging an alternative electronic data transfer system that is custom-designed for this project. **Because this is a special arrangement, I understand that no samples can be submitted until the terms of sample and data submissions have been approved by the Project Officer**.

NINDS HUMAN GENETICS DNA AND CELL LINE REPOSITORY



NATIONAL INSTITUTE OF
NEUROLOGICAL DISORDERS AND STROKE

CORIELL INSTITUTE FOR
MEDICAL RESEARCH

3. ☐ I will submit data on all known mutations for every submission and how each sample is associated with any dbGaP data, as well as report all publications which refer to a given sample or sample set from the NINDS Repository when published, noting sample or catalog numbers in the publications (send email to ninds@coriell.org). *required for approval*

4. ☐ I will not submit duplicate subjects/samples from my study or other studies.

5. ☐ I have reviewed the frequently asked questions section of the NINDS Repository Website <http://ccr.coriell.org/Sections/Collections/NINDS/InvestigatorFAQ.aspx?PgId=150&coll=ND>.

6. ☐ I acknowledge and agree that my submissions can be distributed according to the terms and conditions of the NINDS Repository MTA.

<http://ccr.coriell.org/Sections/Support/NINDS/assurance.aspx?PgId=307>

Optional:

☐ I would like to be listed on the website Acknowledgment Page <http://ccr.coriell.org/Sections/Collections/NINDS/Contributors.aspx?PgId=188&coll=ND> as a submitter to the NINDS Repository.

By signing below, I agree to abide by the regulations of the NINDS Repository. SUBMIT TO:

Signature, Collaborator

Date

NINDS Repository
ninds@coriell.org
Fax: 856-966-5067