

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# _____

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
e-mail: NIA@coriell.org