NINDS HUMAN GENETICS RESOURCE CENTER: DNA AND CELL LINE REPOSITORY

STATEMENT OF RESEARCH INTENT AND SECONDARY DISTRIBUTION

For each research project, submit a separate Statement of Research Intent. Please fill out all parts of the form. Use additional sheets as necessary.

**Part I: Contact information for Principal Investigator who is responsible for the use of NINDS Repository samples**

Principal Investigator Name: ________________________________
Title: _____________________________________________________
Institution: ________________________________________________
Email: _____________________________________________________
Signature: _________________________________________________
Date signed: _______________________________________________

**Part II: Please list the Repository number for each cell culture, DNA sample, or DNA Panel you wish to order (or attach list). Please additionally provide a diagnosis or description for the cell cultures/DNA samples being ordered.**

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<th>NINDS Repository Number</th>
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**Part III:** Description of Sample Use. Describe in detail the study or studies you will conduct using these samples. You may type a description, or include a copy of the abstract of your research grant that describes the project. Please include a description of any genetic data collection that will be part of your research. If, in the future, you plan to use these samples for a purpose different from what you have indicated here, you must submit another Statement of Research Intent. There will be no additional charge.

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**Part IV:** 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 described in your Material Transfer Agreement (Assurance Form). Please review the policy to determine whether 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 must have a current NINDS 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 distributed for use as biological reference materials
   Please describe the nature of the project:
   
   
   
   
   
   
☐ These samples will be used in the development of Repository materials into a highly unique resource
   Please describe the nature of the project:
   
   
   
   
   

Part V: Lay Summary. Please submit a 1-3 sentence lay summary of your proposed project using these samples. This lay summary may be displayed for viewing by the general public; therefore, it is important to make your summary as informative and understandable as possible to individuals who have little or no training in science or neurological research.

   
   
   
   
   

Contact Coriell Institute for Medical Research
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Email: customerservice@coriell.org