

## 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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.**

NINDS Repository Number	Description



**Part V: 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**

*Principal Investigator agrees that sample use is for a single project only and that any remaining material will be returned or destroyed upon completion of the project. All collaborating Principal Investigators must have a current NINDS Assurance Form on file. Please supply name, institution, title, address and contact information for each collaborator:*

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**These samples will be distributed for use as biological reference materials**

*Please describe the nature of the project:*

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**These samples will be used in the development of Repository materials into a highly unique resource**

*Please describe the nature of the project:*

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## **Part VI: Certifications**

By completing this form, I certify that I have read and agree to abide by the policy regarding use of samples in the NINDS Human Genetics Resource Center. Please complete this checklist:

- I understand and will fully comply with with the NIH Policy on Enhancing Security Measures for Human Biospecimens (NOT-OD-25-160), as well as associated NOT-OD-25-083.
- I certify that no NINDS Repository human biospecimens or data shall be directly or indirectly transferred, distributed, shipped, shared, sublicensed, accessed, analyzed, stored, or otherwise made available to any institution, entity, affiliate, subsidiary, branch, contractor, or individual located in a Country of Concern, including but not limited to China (including Hong Kong and Macau), Cuba, Iran, North Korea, Russia, Venezuela, or any countries added to the policy by the NIH.
- I will not redistribute NINDS Repository samples unless the options above have been reviewed and approved by Coriell.
- I will not use NINDS Repository samples for new studies unless I provide Coriell with a new Statement of Research Intent.
- I will make sure that my collaborator(s) are aware of and will abide by the NINDS Repository's policy regarding secondary distribution of samples.

### **Contact Coriell Institute for Medical Research**

403 Haddon Avenue

Camden, New Jersey 08103

Telephone: (800) 752-3805 or (856) 966-7377

Email: [customerservice@coriell.org](mailto:customerservice@coriell.org)