

CDKL5 BIOREPOSITORY

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 the cell cultures or DNA samples

Principal Investigator Name: _____
 Title: _____
 Institution: _____
 Email: _____
 Signature: _____
 Date signed: _____

Part II

List the CDKL5 Biorepository number for each sample you wish to order (or attach list).

CDKL5 Repository Number	Description

Part III: Disease or trait(s) of interest

A. Is your research project focused on the study of one or more specific diseases, characteristics, or traits?
 Yes No

B. If yes, please indicate the specific disease or trait(s) that you plan to study in this research project.

Part IV: Select the categories that best describes your research intent (check all that apply):

- Perform functional studies
- Develop or characterize induced pluripotent stem cell (iPSC) lines
- Serve as positive or negative controls for genetic testing
- Serve as positive or negative controls for assay development
- SNP discovery/genotyping/haplotyping
- Sequence portions of the genome
- Map genes
- Identify novel genes
- Characterize genes and mutations
- Study gene expression
- Determine the ancestral state of a polymorphism/haplotype
- Conduct proteomic studies
- Other (please specify): _____

Part V: Description of Sample Use. Describe in detail the study or studies you will conduct using these samples. You may type the description, or include a copy of the abstract of your research grant that describes the project. If, in the future, you plan to use these samples for a purpose different from what you provide here, you must submit another Statement of Research Intent. There will be no additional charge.

Part VI: 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. 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 ODC Material Transfer Agreement on file. Please supply name and contact information for each collaborator:

- These samples will be shared as part of a multi-user core facility or contract research organization.**

Please describe the role of the core facility:

- These samples will be distributed as aliquots or derivatives for use as biological reference materials**

Please describe the nature of the project:

Part VI

Provide information about proposed sharing of personally identifiable genetic information (PIGI) with individuals outside your laboratory:

- PIGI will not be generated.
 PIGI will not be shared with individuals outside my laboratory.
 PIGI will be shared with another investigator¹.
 PIGI will be deposited in a controlled-access database.
 PIGI will be deposited in an open-access, public database².
 Other (please specify): _____

Describe specifically intended PIGI sharing, indicating with whom you propose to share the data and what type of PIGI will be shared (e.g., whole-genome microarray data, whole-genome sequence data, etc.):

Part VII: Certifications

By completing this form, I certify that I have read and agree to abide by the policy regarding use of samples in the CDKL5 BIOREPOSITORY, and in compliance with the material transfer agreement. Please complete this checklist:

- I will not transfer samples unless the options for material transfer described in section VI have been reviewed and approved by Coriell.
- I will not use these 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 Repository's policy regarding secondary distribution of samples.

Contact Coriell Institute for Medical Research

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