**Tau Consortium Cell Line Request Form**

|  |  |
| --- | --- |
| **Requestor Name** |  |
| **Principal Investigator** |  |
| **Institution** |  |
| **Contact Email** |  |
| **Date of Request** |  |

|  |  |
| --- | --- |
| **Tau Consortium Investigator** | [Y/N] |
| **If no, is this project in collaboration with a Tau Consortium investigator?** | [Y/N] |
| **If yes, include collaborator’s name** |  |
| **IRB Approval** | [Y/N/Exempt] |
| **IACUC Approval** | [Y/N/Exempt] |
| **Conforms with current ISSCR guidelines for stem cell research** | [Y/N] |

**Cell Line(s) Requested:**

Please complete the table below. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Mutation Collection** | **MAPT Genotype** | **Cell Line ID** | **Cell Type:**  **iPSCs/NPCs/Organoids** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |

In receiving these lines, you acknowledge and agree to the following (please initial/sign):

(1) No third party distribution of the stem cell lines without written permission from the

Neural Stem Cell Institute’s Scientific Director (Initials)

(2) iPSC lines or their derivatives will not be used for transplantation in humans. (Initials)

(3) Any derivatives or modifications generated from the source materials provided must be deposited in the Tau Consortium Line Collection at the Neural Stem Cell Institute with supporting data and documentation. (Initials)

(4) Acceptance of Tau Consortium iPSC lines obligates the recipient to cite/reference the Tau Consortium in any presentation or publication that may result from this research and will include the following language in the Acknowledgements section: “*Human induced pluripotent stem cells were provided through the generous support of the Tau Consortium of the Rainwater Charitable Foundation.*” ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initials)

(5) Should publications result from the use of Tau Consortium iPSC lines now or in the future, the recipient agrees to notify the Neural Stem Cell Institute and Tau Consortium with details (reference or PubMedCentral ID#) (Initials)

(6) Should funding result from this research now or in the future, please notify the Tau Consortium Program Director (Amy Rommel, arommel@rainwatercf.org) with details (grant title, abstract, sponsor, number, dollar total, and dates).

(Initials)

(7) Any costs generated in sharing data or cell lines are the recipient’s responsibility.

(Initials)

(8) To abide by current ISSCR guidelines for conduct of stem cell research and clinical translation. (Initials)

Signature of Applicant: Date:

**Internal Use Only**

Approved By: Date:

Protocol ID: