**Tau Consortium Induced Pluripotent Stem Cell Request Form**

Investigator Name: Name of Principal Investigator (if different than above):

Institution: Email:

Date of Request:

Project Title:

Request [New Request/Amendment]

If this is an amendment, please provide previous protocol ID number:

Tau Consortium (TC) 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]

Embryo Research Oversight Committee Approval: [Y/N/Exempt] Sample Type Requested: [iPSC/NPC/other]: Please complete the table below and add rows as needed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Donor ID | Alternative Donor ID | Mutation | Clinical Status\* | Autopsy | Corrected Line | Fibroblast Source° | Neural Induction |
| 1 |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |   |   |
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| 10 |   |   |   |   |   |   |   |   |
| 11 |   |   |   |   |   |   |   |   |
| 12 |   |   |   |   |   |   |   |   |
| 13 |   |   |   |   |   |   |   |   |

In receiving these lines you acknowledge and agree to the following:

(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 TC 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 TC 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 (Patrick Brannelly, pbrannelly@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: