

**Application for iPSC Services**  
Washington University School of Medicine  
**Translational Cardiovascular Biobank & Repository (TCBR)**

**\*\*For use by Washington University Investigators\*\***

Return completed form to Kathryn Yamada at Box 8086; or FAX to 314-362-0186.

**I. DIRECTIONS:** Please fill out this application completely for consideration for **induced pluripotent stem cell (iPSC)** services by the laboratory personnel who fall under the supervision of the PI listed below.

Please note that the information requested is necessary for the TCBR to process your request, and to ensure that the TCBR operates within the guidelines of our Institutional Review Board (IRB) protocol and all applicable federal, state and institutional guidelines. When submitting a written request for services:

- A. Please type or print clearly.
- B. Please be specific and complete. Any confusion or omission will delay processing.
- C. Patient identity is confidential. Disbursed samples will be coded.
- D. YOUR HUMAN SUBJECTS APPROVAL MUST BE ATTACHED TO THIS FORM.**

**II. INVESTIGATOR:**

A. Principal Investigator: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last name First name MI Degree(s)

PI's Title: \_\_\_\_\_

PI's Date of CITI Training: \_\_\_\_\_

Mailing address:

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Room/Building/Campus Box/Mail stop: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

B. Laboratory Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

C. Billing Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Funding Source (NIH, AHA, Departmental, if Other, please specify): \_\_\_\_\_

Grant ID number: \_\_\_\_\_

Department (4 digit) code: \_\_\_\_\_ WUMS (5 digit) fund number: \_\_\_\_\_

**III. IRB APPROVAL (if requesting human tissue or data):**

A. IRB Protocol Number: \_\_\_\_\_

B. IRB Protocol Approval/Expiration Dates: \_\_\_\_\_

C. Study title and summary of the proposed research on the **iPSC services** that you are requesting from the TCBR.

Objectives and significance of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lay summary of overall study goals (may be publically posted on the TCBR or CDI website):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. iPSC SERVICES REQUESTED**

**Check Service(s) Requested:**

**iPSC Subsidy only**

25% of iPSC Core charges for preparation of patient-specific fibroblast, epithelial cell or peripheral blood mononuclear cell lines only. PI lab remains responsible for balance of iPSC Core charges and all subsequent charges for generation of iPSCs.

\_\_\_\_\_  
iPSC Core Reference or Study Number

\_\_\_\_\_  
Number of samples/patients

**V. DISCLAIMERS AND TERMS**

- A. Prior IRB approval must be obtained by the investigator.
- B. The recipient investigator agrees that the research material and information to be provided by the TCBR will be used only for the research purposes specified in this application and in their IRB protocol and as otherwise required by law, and that material and information received from the TCBR will not be sold or distributed to third parties, nor used to produce commercial products including the production of cells or cell products for sale.
- C. Although the TCBR attempts to avoid supplying tissues and/or cells contaminated with infectious agents such as HIV, HBV and HCV, ALL TISSUES SHOULD BE HANDLED AS IF POTENTIALLY INFECTIOUS. The TCBR will not be liable for any injury (including death), damage or loss that may arise or may affect or involve the investigator, any personnel or any other party either directly or indirectly from their use.

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- D. The recipient investigator assumes all risks and responsibility in connection with receipt, handling, storage, use, or disposal of tissues and/or cells, including informing and training all personnel in the dangers and procedures for safe handling of these and other human tissues. The investigator agrees to indemnify and hold harmless Washington University, the TCBR and its staff from any and all claims, costs, damages or expenses resulting from any injury (including death), damage or loss that may arise from the receipt, handling, storage, use, or disposal of tissues and/or cells provided by the TCBR.
- E. The recipient investigator acknowledges that the tissues and/or cells received are not sterile.
- F. The recipient investigator and research personnel acknowledge that the tissue and/or cell samples will be coded, and that no identifiable information will be given or available to the recipients; they further agree not to request or expect any identifiable patient information to be provided by the TCBR.
- G. The recipient investigator agrees to acknowledge the TCBR, Washington University ICTS and the Children's Discovery Institute in any publications or documents that arise from use of this resource as follows:

**"We acknowledge the Translational Cardiovascular Biobank & Repository at Washington University which is supported by NIH/CTSA grant UL1 TR000448, a grant from the Children's Discovery Institute of Washington University and Children's Hospital, and funds from the Richard J. Wilkinson Trust."**

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT AND I AGREE TO PAY THE INVOICES FROM THE TCBR FOR THE MATERIALS AND/OR SERVICES I HAVE REQUESTED.

Print Name of Principal Investigator	PI Signature	Date
Print Name of Recipient	Recipient Signature	Date
TCBR	Signature	Date

**FOR TCBR USE ONLY**

IRB Approval Attached and Reviewed    Yes \_\_\_\_\_    No \_\_\_\_\_

TCBR Advisory Committee Approved    Yes \_\_\_\_\_    No \_\_\_\_\_    Date \_\_\_\_\_

Tissue Disbursed by: \_\_\_\_\_ on Date: \_\_\_\_\_

Total Charges    \$ \_\_\_\_\_

TCBR Staff Member Initial    \_\_\_\_\_

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