

**Checklist and Request for Permission to Acquire  
Human Embryonic Stem Cells  
for Research in a NIH Intramural Research Program Laboratory**

Date: \_\_\_\_\_

I request permission to acquire human embryonic stem cells (hESC) for research in my laboratory. The NIH identifier for the cells I will acquire, as listed on the NIH Human Embryonic Stem Cell Registry, [http://grants.nih.gov/stem\\_cells/registry/current.htm](http://grants.nih.gov/stem_cells/registry/current.htm), is (are): \_\_\_\_\_

The following intramural staff will be working on these cells:

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

The following is a **brief** description of the proposed research, including a descriptive title. I understand that this title and description will be used to obtain OHSR approval, if required, and for the material transfer agreement (MTA) that will be negotiated by my IC's Technology Development Coordinator (TDC). I will send my TDC an electronic copy of the title and description.

Title: \_\_\_\_\_

Proposed Research: \_\_\_\_\_

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

***Human Subject Research***

I understand that I must have this activity reviewed by the NIH Office of Human Subjects Research (301-402-3445) A copy of the review is attached to this checklist.

I have spoken with the cell providers about whether the cells can be linked to donors. The cell providers (select A or B):

\_\_\_\_\_ A. Will not provide NIH with any information that allows linkage of the cells to their donors

\_\_\_\_\_ B. Will provide NIH with information that could link the cells to their donors;

***Shipping of cells from foreign countries (select A or B):***

\_\_\_\_\_ A. I am acquiring the cells from a U.S. provider

\_\_\_\_\_ B. I am acquiring cells from a foreign country, and therefore have paid the required fees and completed the following shipping forms:

\_\_\_\_\_ USDA **16-3** Permits to Import or Transport Controlled Material or Organisms or Vectors

\_\_\_\_\_ USDA **16-7** Permits to Import or Transport Controlled Material or Organisms or Vectors

\_\_\_\_\_ CDC Application for Permit for Import or Transport of Agents or Vectors of Human Disease (Document #101000--sent to NIH Quarantine Permit Service Office Bldg. 13, Rm. 3KO4; 301-496-2960 Application does NOT go to CDC.) to obtain a courtesy letter for customs clearance.

**Research Requirements (Investigator should initial each line)**

\_\_\_\_\_ I understand that I am required to track the NIH identifier number through all parts of my research utilizing the cells, including replatings, transfers, and data collection. This identifier must be included in all reports on the cells.

\_\_\_\_\_ I have checked the details on the cell line(s) I am obtaining and will ensure that I do not violate any specific restrictions placed by the provider (see Details next to Cell Line Name in the registry [http://grants.nih.gov/stem\\_cells/registry/current.htm](http://grants.nih.gov/stem_cells/registry/current.htm))

\_\_\_\_\_ I understand that when this checklist is completed and all approvals have been obtained, I am required to submit it to my Technology Development Coordinator (TDC) to obtain a material transfer agreement (MTA) with the provider. A list of TDCs for NIH can be found at <http://www.ott.nih.gov/nihstaff/tdc.aspx>. I agree to NOT receive the cells until my IC TDC notifies me that the MTA is complete.

\_\_\_\_\_ I further understand that human embryonic stem cells **may not** be used for the following:

- Research in which hESCs (even if derived from embryos donated in accordance with NIH Guidelines for Human Stem Cell Research) or human induced pluripotent stem cells are introduced into non-human primate blastocysts.
- Research involving the breeding of animals where the introduction of hESCs (even if derived from embryos donated in accordance with these Guidelines) or human induced pluripotent stem cells may contribute to the germ line.

**Signatures**

|                                                      |       |
|------------------------------------------------------|-------|
| <b>Investigator:</b> _____<br>Printed Name, Lab, IC: | _____ |
|                                                      | Date  |
| <b>Lab Chief:</b> _____<br>Printed Name              | _____ |
|                                                      | Date  |

|                                                        |       |
|--------------------------------------------------------|-------|
| <b>Scientific Director:</b> _____<br>Printed Name      | _____ |
|                                                        | Date  |
| <b>This acquisition of human embryonic stem cells:</b> |       |
| _____ Is Approved                                      |       |
| _____ Is Not Approved                                  |       |

**Forward a copy of the completed, approved permission form to**  
**1) the Office of Intramural Research, Bldg. 1, Rm. 160 and**  
**2) to the TDC for your institution**

**May 5, 2010**