

NHGRI SAMPLE REPOSITORY FOR HUMAN GENETIC RESEARCH
STATEMENT OF RESEARCH INTENT
Continued

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 (i.e., disease or traits)?
 Yes No
- B. If yes, please indicate the specific disease or trait(s) that you plan to study in this research project.
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Part IV: Genomic Region

Please indicate whether your research will be focused on a particular genomic region or set of regions, on a particular chromosome, or on the entire genome.

- Particular genomic region or set of regions
 Particular chromosome
 Entire genome

Part V: Select the one category that best describes your research intent

- DNA Sequencing: One or More Genes or Regions
 DNA Sequencing: One or More Chromosomes
 DNA Sequencing: Whole Genome
 Education
 Epigenetics/Methylation/Chromatin Structure
 Evolutionary/Phylogenetic Studies
 Functional Studies: Cell Cycle Control/Cell Signaling
 Functional Studies: DNA Repair
 Functional Studies: Response to Chemicals/Toxins/Drugs
 Functional Studies: Not Otherwise Specified
 Gene Expression: mRNA, microRNA or ncRNA
 Genotyping/Haplotyping: Copy Number Variation
 Genotyping/Haplotyping: Genome-wide
 Genotyping/Haplotyping: One or panels of gene(s)
 Genotyping/Haplotyping: Not Otherwise Specified
 Mapping Genes/Breakpoints
 Proteomics
 Reference Material for Clinical/Diagnostic Genetic Testing
 Reference Material for Instrument Validation or Training
 Reference Material for Proficiency Testing
 Reference Material for Research Use
 Other: Please specify _____

NHGRI HUMAN GENETIC CELL REPOSITORY
STATEMENT OF RESEARCH INTENT
Continued

Part VI: Description of Sample Use Please describe in detail the study or studies you will conduct using these samples. You may type or paste in 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 VII: Lay Summary Please submit a 1-3 sentence *lay summary* of your proposed project using these samples. This lay summary will be made available to the Community Advisory Group(s) (CAG(s)) in the community or communities that donated the samples, so that they can see how their samples are being used. Therefore, *it is important to make your summary as informative and understandable as possible to individuals who have little or no training in science or genetics.*

**NHGRI HUMAN GENETIC CELL REPOSITORY
SECONDARY DISTRIBUTION**

Part VIII: 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 NHGRI Assurance Form on file. Please supply name and contact information for each collaborator:

These samples will be shared as part of a multi-user core facility

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 IX. Certifications

By completing this form, I certify that I have read and agree to abide by the policy regarding use of samples in the NHGRI SAMPLE REPOSITORY FOR HUMAN GENETIC RESEARCH.

Please complete this checklist:

- I will not redistribute samples unless the options above have been checked 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.

To contact the CORIELL CELL REPOSITORIES:

Write: 403 Haddon Avenue, Camden, New Jersey 08103 USA

Call: 800-752-3805 in the United States; 856-757-4848 from other countries

Fax: 856-757-9737; E-mail: ccr@coriell.org