ESCRO Protocol Registration

1. Contact information
Principal Investigator:
Protocol title:
Contact person:
Email:
Phone:

2. Funding source(s)

Sponsor name	Sponsor #	Project period

Is the project currently funded?
Yes or no

3. Location(s) of project activity (building and room number)

4. Co-investigator(s) – name and institution

5. List hESCs used in this project:
NIH registry lines:

Unlisted lines:

6. Description of the work.
Do you plan to:

a) conduct teratoma experiments to test pluripotency of human pluripotent stem cells?
yes or no

b) conduct purely in vitro human embryonic stem cell research with NIH approved cell lines or cell lines previously approved by the Stem Cell Research Oversight Committee
yes or no

c) introduce human pluripotent stem cells or their derivatives into non-human animals at any embryonic, fetal, or postnatal stage, if an expected effect is that human cells will be integrated into the central

nervous system, testes, or ovaries of the animal?
yes or no

d) conduct research in which personally identifiable information about the donors of the preimplantation embryos, gametes, or somatic cells from which the human embryonic stem cells were derived is readily ascertainable by the investigator?
yes or no

e) conduct research that involves preimplantation stages of human development, human embryos, or embryo-derived cells or that entails the production of human gametes in vitro when such gametes are tested by fertilization or used for the creation of embryos?
yes or no

7. Description of the research
Briefly describe your research plans

8. Regulatory status
Provide a copy of the relevant IBC/IACUC/IRB protocols and approval letters.

9. Cost analysis certification
Provide a signed copy of the Cost Allocation Certification for Use of Human Embryonic Stem Cell (hESC) Lines.

_____
Signature of Principal Investigator

_____
Date