**Application Form**

**PI Name:**

**Department:**

**Phone:**

**List all co-investigators:**

**Funding Source:**

**Project Title:**

1. **TYPE OF RESEARCH (CHECK ALL THAT APPLY)**

**[ ]** Purely *in vitro* human embryonic stem (ES) cell research with pre-existing coded or

anonymous hES cell lines

**[ ]** Human embryonic stem cell included on the NIH Human Embryonic Stem Cell

Registry Cell line no: \_\_\_\_\_\_\_\_\_\_\_

**[ ]** Non-registered human embryonic stem cell lines

Origin and designation of cell line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has work with these cell lines previously been approved by the Upstate SCRO Committee [ ]  No [ ]  Yes, Approval # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Derivation of new human embryonic stem cell lines from:

 [ ]  Donated Human embryos. No. of embryos to be obtained \_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  *In Vitro* fertilized human oocytes. No. of oocytes to be obtained \_\_\_\_\_\_\_\_\_

 [ ]  Nuclear transfer. No. of oocytes to be obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Non-embryonic pluripotent stem cells derived from the following source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Research involving the introduction of hES cells into nonhuman recipients:

 [ ]  at an embryonic stage [ ]  at a postnatal stage

[ ]  Other Research involving the use of human embryos

1. **REQUIRED APPROVALS AND DOCUMENTATION (CHECK ALL THAT APPLY)**

[ ]  Human Subjects (attach copy of IRB application with consent forms and approval

letter): IRB #\_\_\_\_\_\_\_\_

[ ]  Animals (attached copy of CHUA protocol and approval letter)

 CHUA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Institutional Bio-Safety (attach copy of approval letter)

 IBC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Material Transfer Agreement (attach copies)

[ ]  Other Stem Cell Research Committee Approval (attach copy)

 Collaborating Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RESEARCH PLAN**

Include a summary of your proposed research, including an explanation as to why it is

necessary to use stem cells. To aid the SCRO committee in evaluating potential benefits

of the research in light of possible ethical concerns, the research summary should

include specific discussion and justification of any of the following:

1. Research involving the attempted derivation of new hES cell lines from donated embryos, from *in vitro* fertilized oocytes, induced pluripotent cells, or by nuclear transfer. Particular attention should be given to the scientific rationale for the need to generate new hES cell lines, and, if applicable, the numbers of embryos or oocytes requires for the project.
2. Research involving the introduction of hES cells into nonhuman animals at any stage of embryonic, fetal, or postnatal development. Particular attention should be given to the probable pattern and effects of differentiation and integration of the human cells into the nonhuman animal tissues.
3. Research in which personally identifiable information about the donors of the embryos, gametes, or somatic cells from which the hES cells were derived is readily ascertainable by investigators. Particular attention should be given to the scientific and ethical rationale for maintaining the identifying link between donor and donated material.
4. **PRINCIPAL INVESTIGATOR / DEPARTMENT CHAIR SIGNATURES**

Signature certifies that the information in this application is correct and that the research will be conducted in full compliance with Upstate policies and federal regulations.

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

Signature of Principal Investigator Date

Signature certifies the proposal has been reviewed and is endorsed by the department; that the Principal Investigator is a faculty member in good standing and is appropriately qualified to conduct and oversee the proposed study.

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

Department Chair Signature Date

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

Department Chair Name (printed)