

**EMORY UNIVERSITY
EMBRYONIC STEM CELL RESEARCH OVERSIGHT COMMITTEE**

Instructions for Investigators:

- If review is required by a research sponsor or cell source, then the Emory ESCRO committee shall provide review in accordance with review requirements of sponsor/cell source.
- To apply for review, fill out this PDF form, sign, scan and e-mail to phaugaa@emory.edu along with all attachments. Attachments must include:
 - The application with a scientific description of the study design and research procedures. This should include the hypothesis to be tested as well as a general description of the methodology to be used. Please also include a scientific rationale for why hESCs are needed to answer the scientific questions. If the research plan includes the creation of new lines, specific permission from the Executive Associate Dean for Research must be included.
 - Proof of IRB determination as to whether it constitutes human stem cell research and if so IRB approval.

EMORY University ESCRO Application Form Date Revised: 11/02/2015

A. Identifying Information			
Title of Research Project:			
Principal Investigator:			
First Name:	Last Name:	Degree(s):	Title:
Campus Phone:	Fax:	Pager:	E-mail:
Campus Address:			
Conflict of Interest? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No			
Protocol Correspondent:			
First Name:		Last Name:	
Campus Phone:	Fax:	E-mail:	
Campus Address:			
Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-Investigators: (i.e. one who has <i>authority</i> over the conduct of the research in the PI's absence)			
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Laboratory Personnel (i.e. anyone involved in the conduct of the research)			
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Source of Funding (Check all that apply; use a separate application for Federally funded projects)

Federal State of Georgia Commercial Foundation
 Internal Other (please specify):

Name of Sponsor(s):

Grant or Contract Title:

Grant or Contract #:

Cell Line Name/Number:

Principal Investigator of Grant or Contract:

C. Facilities (Please check all that apply)

On Campus List Building(s) and Room Number(s):

Off Campus List Addresses:

D. Categories of Research That Best Describe This Project (If more than one category applies, describe what the project involves in each category, specifying line to be used and facilities to be used for each category)

Attach a scientific description of the study design and research procedures. This should include the hypothesis to be tested as well as a general description of the methodology to be used. Please also include a scientific rationale for why hESCs are needed to answer the scientific question. Note: Creation of new lines requires specific permission. Check here if this is the case and someone will contact you.

Research that is **not permitted** at this time:

- Research involving in vitro culture of any intact human embryo, regardless of derivation method, for longer than 14 days or until formation of the primitive streak begins, which ever occurs first.
- Research in which hESCs are introduced into nonhuman primate blastocysts or in which any embryonic stem cells are introduced into human blastocysts.
- Research in which any products of research involving human totipotent or pluripotent cells are implanted into a human or non-human primate uterus
- No animal into which hESCs have been introduced at any stage of development are permitted to breed.

E. Material Transfer Agreements

Emory University researchers must assure that a Material Transfer Agreement has been executed prior to obtaining any human stem cell lines from an external entity. **Material Transfer Agreement should be negotiated with Grants and Contracts Administration.**

By signing in this box, I certify that I have read and will comply with responsibilities outlined in § H of this document. Signature of PI _____ Date: _____