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| --- | --- |
| Prepared by: | Date: |

**PURPOSE: To capture basic information about a cell line (cohort) from a potential depositor.**

To be filled in by EBiSC:

|  |  |
| --- | --- |
| Potential Depositor |  |
| Project or Cohort Name |  |
| Clinician / Clinical contact |  |

Thank you for your interest in depositing iPSC lines into the European Bank for induced Pluripotent Stem Cells [(cells.ebisc.org).](https://cells.ebisc.org) To help us with your enquiry, please answer the following questions for each cell line/cohort, and return the form to us at [EBiSC@eurtd.com](mailto:EBiSC@eurtd.com). Please enter as much information as possible to help us process your query rapidly.

Please contact EBiSC directly if you have any queries whilst completing this questionnaire.

|  |  |
| --- | --- |
| **Contact Details** |  |
| Your name: |  |
| Your affiliation: |  |
| Your email address and phone number: |  |
| Who do we contact for **Cell Line** information:  Email address:  Phone number: |  |
| Who do we contact for **Legal** information:  Email address:  Phone number: |  |

It is essential for EBiSC to collect detailed information on the iPSC lines to be deposited. If additional information is available elsewhere (for example, these iPSC lines are published, registered in [hPSCreg](https://hpscreg.eu) or data is already collated in the form of an excel sheet), please also provide this to [**EBiSC@eurtd.com**](mailto:EBiSC@eurtd.com).

| **Cohort / Cell Line Information** |  |
| --- | --- |
| Have iPSC lines already been generated? |  |
| Number of iPSC lines in cohort? |  |
| Number of donors across the cohort? |  |
| What is the disease background of this cohort? |  |
| What is the genetic background of this cohort?  *Please specify disease associated mutations where applicable.* |  |
| Has gene-editing been performed on the iPSC line(s)? |  |
| If yes, what gene-editing has been performed? |  |
| Have Primary Tissue samples already been donated? |  |
| What consent template will be / has been used for sample donation?  *Please include templates of Patient Information Sheet and Informed Consent Form.* |  |
| Which institution is the owner or depositor of the iPSC line(s) and will sign the EBiSC Material Deposit Agreement? |  |
| Have these iPSC line(s) already been made widely available through another biobank or repository? |  |
| What cell line characterisation has been performed on the iPSC line(s). |  |
| If lines have not yet been generated: What is the expected iPSC line generation date? |  |

Thank you for your assistance. We will be in touch with the indicated person after review of the above information.

To be filled in by EBiSC:

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| **Comments** |
|  |

Signature Reviewer Printed Name Date

**END OF REPORT**