WiCell-UW Deposit Worksheet

# General Information

1. PI Name:
2. Department:
3. Lab Address (Building and Street Address):
4. Lab Website:
5. Contact Person (individual responsible for communication with WiCell):
6. Contact Person Phone Number (xxx-xxx-xxxx):
7. Contact Person (email address):
8. Funding Agency and Grant number under which this work was performed:

# Cell Line Information

1. Cell line name(s). List all cell lines:
2. Are any of the lines being deposited subclones?
3. Are these human iPS cell lines? If no, skip to question 21.
4. Are they a modification of an established iPS cell line? If no skip to question 14.
5. Indicate cell line used, vendor, catalogue number, and lot number if available. Attach MTA. Skip to line 31.
6. Were the lines derived from patient samples? If no, skip to question 19.
7. Was IRB approval obtained prior to patient sample collection? If yes, provide IRB approval number. If no attach documentation of exemption.
8. Cell type obtained (e.g. skin, blood, etc.)
9. Donor Gender:
10. Age of donor at time of collection (once completed, skip to question 26.)
11. Were the lines derived from a commercially available established cell line?
12. Indicate vendor, catalogue number, and lot number if available. Attach MTA. Skip to question 26.
13. Are these human ES cell lines (if not ES or iPS, contact WiCell).
14. Are they a modification of an established human ES cell line (e.g. H9, etc.)? If no skip to question 24.
15. Indicate human ES cell line used, source, and attach MTA for that cell line. Skip to question 27.
16. Was the line derived de novo from a donated embryo? If no skip to question 27.
17. Indicate IRB approval number:

# Derivation Information

1. Indicate the derivation method used (including reprogramming factors for iPS cell lines). If a commercially available kit was used, please indicate vendor and catalogue number, and attach MTA if available.

# Modifications

1. Have cell lines within the collection been genetically modified in any way? If no, skip to question 30.
2. Indicate the nature of the modification.
3. Indicate method used to modify the cell line. If commercially available products or kits were used, provide vendor and catalogue number.

# Restrictions On Use

1. Are there consent related restrictions on use or distribution? Please describe.
2. Are there MTA related restrictions on use or distribution? Please describe.

# Disease Focus

1. Is there a specific disease or disorder associated with the deposit? If yes, please indicate. If no skip to question 35.
2. Were isogenic lines (genome-modified) developed for any of the lines?
3. Are non-affected controls included in the collection?

# Cell Culture and Cryopreservation

1. Briefly describe the culture conditions used to maintain the cells (Media, matrix, passaging reagent, etc.). Attach protocol(s) and MTA(s) if available.
2. Briefly describe the cryopreservation methods used to freeze the cells (media, cryoprotectant, etc). Attach protocol(s) and MTA(s) if available.

# Publications and Other Information

1. Are there publications associated with these cell lines? If yes, please provide citation(s) and PubMed ID number.
2. Have these lines been distributed previously? If yes, please indicate the approximate number of distributions.