



Annual Cell Line Usage Tracking Survey

This annual survey is used to gather information related to the usage of human stem cell lines distributed by the MHSCB. Please fill out the information as completely as possible, sign (via e-signature) and press "submit".

- Cell Line Recipient (PI name; First last): _____
- Recipient Institution: _____
- Cell Line Bank Code: _____
- Has your address or contact information changed? Yes No
If yes, please provide updated information:

- Is this cell line still in use in your laboratory? Yes No
- If no, do you retain frozen stocks of this cell line for later use? Yes No
- Has this cell line grown well for you? Yes No
- What is the highest passage number of this cell line in your laboratory? _____
- Have you noted any karyotype changes in this cell line? Yes No Not Tested
If yes, please describe change and passage number:

- Have other characteristics of this cell line changed, such as colony morphology, growth rate or level of differentiation?
 Yes No
If yes, please describe changes seen:

- Has this cell line been used in a published study? Yes No
If yes, please list citations:



- Have you differentiated this cell line into specific cell types? Yes No
- Would you care to list the cell types and describe how well you feel the differentiation worked?

Cell type

Comment

Cell type	Comment

- Is the cell line being used in a manner that was not described in the Stem Cell Line Request Form? Yes No
(Each new project should be approved by your institution's ESCRO or other review boards that may apply, and must comply with the restrictions of the Materials Transfer Agreement. Please forward copies of all new approvals, together with descriptions of the new projects.)
- Have you transferred this cell line to any other party? Yes No
(Please review the transfer restrictions of the materials transfer agreement before initiating any transfer.)
- Do you certify that your current and planned usage of this cell line adheres to the use limitations listed? Yes No
Please review the attached SLA outlining use restrictions for this cell line.

Declaration

- I understand that the cell line may be used solely for non-commercial research and/or academic teaching purposes.
- I affirm that I have read and understand the terms and conditions of the Materials Transfer Agreement and the Simple Letter Agreement for the cell line and agree to comply with all their terms.
- I agree to comply with all the applicable laws and ethical guidelines and with the policies of my institution governing the use of human stem cells.

I certify that to the best of my knowledge and belief all of the information on this form is correct.

Name (print): _____

Signature: _____ Date (MM/DD/YYYY): _____