

Application for Technical Training – Human Embryonic Stem Cell Culture

Session Number and Start Date: _____

Applicant Information:

Name (first, last): _____ Position: _____

Research Director / PI (if applicable): _____

Department: _____

Institution or University: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Research Description (as it relates to hESCs): (2 – 4 sentences):

Experience:

YES

I am familiar with and understand the concepts of aseptic (sterile) technique.	
I understand the concepts of cell culture, propagation and stem cell differentiation.	
I have at least six months of mammalian cell culture experience.	
I currently culture mammalian cells.	
I am familiar with cell morphology and can characterize cells by microscopy.	
I have experience with mouse ES cell culture.	
I have experience with human ES cell culture.	

Please list some cell lines you have cultured: _____

Applicant Signature: _____ Date: _____

Research Director / PI Signature (if applicable): _____ Date: _____

<p>Please e-mail or FAX your completed form to: e-mail: stemcelleducation@umassmed.edu FAX: 508-856-6566</p>	<p>By Mail: Massachusetts Human Stem Cell Bank Technical Training University of Massachusetts Medical School 222 Maple Ave Shrewsbury, MA 01545-2732</p>
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