Commercially confidential

cohort?

where applicable.

What is the genetic background of this cohort?

Please specify disease associated mutations

## External Form Depositor Initial Application



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			
following questions for each cell line/cohort, an Please enter as much information as possible to Please contact EBiSC directly if you have any questions and contact Details	help us process your query rapidly.		
Your name:			
Your affiliation:			
Your email address and phone number:			
Who do we contact for <u>Cell Line</u> information: Email address: Phone number:			
Who do we contact for <u>Legal</u> information: Email address: Phone number:			
It is essential for EBiSC to collect detailed info additional information is available elsewhere (for registered in <a href="https://hpsc.org">hPSCreg</a> or data is already collated provide this to <a href="mailto:deposit@ebisc.org">deposit@ebisc.org</a> .	or example, these iPSC lines are published,		
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			

## **External Form**



Depositor Initia	Application LDISC
Cohort / Cell Line Information	
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 to the above information.	ouch with the indicated person after review of
To be filled in by EBiSC:	

Comments		
Signature Reviewer	Printed Name	Date

**END OF REPORT**