Cell Line Information Pack (CLIP)

Cell line name	YUi015-A

Purpose

The purpose of this Cell Line Information Pack (CLIP) is to communicate cell line specific information to potential users of the cell line, and to confirm that a User has received it upon the purchase of an EBiSC cell line.

Information

The CLIP may provide a variety of types of information related to an individual cell line. Of particular importance are Third Party Obligations (TPOs), which are ethical or legal obligations of a Depositor related to the use of the cell line. TPOs may impose ethical or legal limitations on the ability of a User to use the cell line, or require steps to be taken before it can be used. TPOs are likely to be:

- Obligations under license to an intellectual property rights (patent) holder, or
- Restrictions on use imposed by the donor of the primary tissue from which the cell line was made.

Third Party Obligations: donor consent provisions

None.

Third Party Obligations: IP or license provisions

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The Foundation for Angelman Syndrome Therapeutics (FAST) is the patient advocacy organization working to cure Angelman syndrome (AS) and supported generation of this iPSC line. As the largest funder of Angelman syndrome research in the world, our goal is to bring safe and effective treatment into current medical practice as quickly as possible. To do this, we: set the agenda for the therapeutic landscape for AS and help to accelerate it, from funding promising research at the academic level all the way to starting companies; create the necessary infrastructure outside of drugs and their development, from projects like our global registry and newborn screening to preparing for regulatory approval processes and advocating for insurance coverage; and we activate and educate those in the worldwide AS community interested in and committed to clinical trials, and what the future of drug development will be for our loved ones. For additional information, please visit www.cureangelman.org or if you would like to contact FAST, please send an email to info@cureangelman.org.
Extensive Longitudinal caregiver reported data is available through the Global Angelman Syndrome Registry, further details are available at https://www.angelmanregistry.info/ and data requests can be made by emailing curator@angelmanregistry.info

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(a) basic research, including, without limitation, target discovery, target validation and assay development;
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(c) compound screening and safety testing for development of therapeutics, diagnostics and prophylactics by academic and not-for-profit research entities for their non-commercial internal research;
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Data Processing

The Personal Data which can be Processed in view of this EAUA are

- Genetic Data including STR profiles: Yes
- Clinical Data: No
- Biometric Data: No
- Other: No

The categories of the Data Subjects to which the Personal Data relate that are Processed are

- Study participants: Yes
- Other:

The nature and the purpose of the Processing of the Personal Data are as follows:

Collecting / storing / analysing / characterisation / qualification / use / distribution of iPSC lines / and iPSC derivatives

Other information

Any publications or public dissemination of results using EBiSC iPSCs should be accompanied by the following acknowledgement: "The EBiSC Bank acknowledges Yale University / FAST as the source of the human induced pluripotent cell line YUi015-A which was generated with support from the EBiSC2 project. The EBiSC has received support from the Innovative Medicines Initiative (IMI) Joint Undertaking (JU) under grant agreement n°115582 and from the IMI-2 JU under grant agreement No 821362, resources of which are composed of financial contribution from the European Union's Seventh Framework Programme (FP7/2007-2013), European Union's Horizon 2020 research and innovation programme and EFPIA."

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SIGN AND RETURN THIS DOCUMENT WITH YOUR COMPLETED ACCESS AND USE AGREEMENT

User acknowledgement

Please sign below to indicate that you have read and acknowledge the information contained in this CLIP.

Name _____ **Position** _____

Signature _____ **Date** _____