


CIRM Certification Form for Human Pluripotent Stem Cell Line Derivation

	<h2 style="margin: 0;">Certification Form for Human Pluripotent Stem Cell Line Derivation</h2>
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Title 17 California Code of Regulations Section 100080(f) designates all human pluripotent stem cell lines derived in accordance with the CIRM regulations as “acceptably derived.” Derived cell lines may be used in CIRM funded research. Lines derived in accordance with the CIRM regulations conform to the *2008 Amendments to the National Academies’ Guidelines for Human Embryonic Stem Cell Research*.

This form is designed for researchers or institutions seeking designation of a human pluripotent stem cell line as “acceptably derived.” The information provided herein will be utilized to support the registration and designation of human pluripotent stem cell lines as “acceptably derived.”

- ❖ **Part A** is to be completed by the SCRO committee or equivalent.
- ❖ **Part B** may be completed by a SCRO committee, researcher or other institutional official.

Part A: To be completed by the SCRO committee or equivalent.

SECTION I – Research Oversight Committee					
Oversight committee name		Committee contact / Institutional official			
Street address	City	State			
ZIP / Post code	Daytime telephone	e-mail address			
Is this committee constituted in a manner consistent with California Code of Regulations Section 100060?			<table style="margin: 0 auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> </table>	Yes	No
Yes	No				
SECTION II – Derived Cell Line Information					
The oversight committee identified in Section I reviewed and approved the protocol for derivation of the human pluripotent stem cell line identified in this section.					
Institution or Entity Deriving Cell Line		Principal Investigator			
Name or Designation of Cell Line		CIRM Grant Number			

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SECTION III – Donor Consent Information	
Does the approved protocol require <u>each</u> donor of human gametes or somatic cells, used to create the cell line identified in Section II, to provide informed consent for the <u>research use</u> of their biological material for cell line derivation?	Yes No
Was the original procurement protocol for obtaining gametes, blastocysts or somatic cells from human subjects approved by an IRB, as described in federal regulations at 45 CFR 46.107, (or a foreign equivalent)?	Yes No
Was the consent protocol for obtaining gametes, blastocysts or somatic cells from human subjects consistent with California Code of Regulation section 100100?	Yes No
Is the consent form available?	Yes No
Additional comments or information regarding human subjects status or donor consent:	

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SECTION IV – Donor Payments

The approved protocol for derivation of the human pluripotent stem cell line identified in Section II specified the following payments or reimbursements may be provided to donors.

Original donors of gametes, blastocysts or somatic cells received no payments, cash or in kind.

Original donors received reimbursements and/or payments. Indicate type in section below.

Derivation source	Donor was reimbursed for direct “permissible expenses” ¹	Donor received payments in excess of direct expenses
For surplus IVF- or PGD-blastocyst made for reproductive purposes	Oocyte donor Sperm donor	Oocyte donor Sperm donor
For blastocyst made specifically for research using IVF	Oocyte donor Sperm donor	Gamete donor may not receive payments
For somatic cell nuclear transfer (SCNT) into human oocytes	Oocyte donor Somatic cell donor	Gamete donor may not receive payments
Parthenogenesis using human oocytes	Oocyte donor	Gamete donor may not receive payments
Somatic cell reprogramming (iPS)	Somatic cell donor	Somatic cell donor may not receive payments
Other (describe)		

Payment status for gamete, embryo or somatic cell donation could not be determined.

SECTION V – Certification For Part A

I certify that the statements herein are true and complete to the best of my knowledge.

Name	Title
Signature	Date

¹ Direct “permissible expenses” may include, but are not limited to, costs associated with travel, housing, childcare, medical care, health insurance and actual lost wages. See Title 17 California Code of Regulations section 100020(h).

Part B to be completed by a SCRO committee, researcher or other institutional official.

SECTION VI – Derivation Source and Date of Derivation			
Derivation source	Month and year of:		
	blastocyst formation	consent for research donation	cell line derivation
Surplus IVF- or PGD-blastocyst made for reproductive purposes ²			
Blastocyst made specifically for research using IVF			
Somatic cell nuclear transfer (SCNT) into oocytes			
Parthenogenesis			
Somatic cell reprogramming (iPS)			
Other (describe)			

SECTION VII – Verification of Donor Consent
Confirm donor consent for applicable source of human pluripotent cells.
<p>(1) For any blastocyst created using IVF.</p> <p style="margin-left: 40px;">Consent for research use provided by all gamete donors</p> <p style="margin-left: 40px;">Consent for research use provided by oocyte donor only</p> <p style="margin-left: 40px;">Consent status for gamete donor(s) unknown</p> <p style="margin-left: 40px;">Other (describe):</p>
<p>(2) For SCNT or parthenogenesis.</p> <p style="margin-left: 40px;">Consent for research provided by all gamete and somatic cell donors.</p> <p style="margin-left: 40px;">Other (describe):</p>
<p>(3) For Somatic cell reprogramming (iPS)</p> <p style="margin-left: 40px;">Consent for research provided by all somatic cell donors</p> <p style="margin-left: 40px;">Other (describe):</p>

² The purpose of blastocyst formation was for reproductive use. The individual(s) with custody of the embryo determined it was no longer required for reproductive use.

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SECTION VIII – Link to Donor, Medical History & Restrictions	
Is/are the donor(s) gametes or somatic cells identifiable – does a link exist between the donor(s) and the derived human pluripotent cell line?	Yes No
Is there a donor medical history associated with this stem cell line?	Yes No
Did the donor(s) consent to being contacted?	Yes No
Are there any restrictions or limitations on the use of derived cell lines? If yes, describe any restriction or limitations on the use of derived lines.	Yes No
SECTION IX – Certification For Part B	
By signing this document I certify that this cell line was derived in a manner consistent with the protocol described in Part A, and the statements herein are true and complete to the best of my knowledge.	
Name	Title
Signature	Date