

NCI Patient Derived Models Repository (PDMR): Domestic Request for Cryopreserved In Vitro Cultures

Section 1: Applicant Information

PI Name:		PI Title:
PI Phone:		PI E-mail:
Affiliation/Institution:	Address:	
Organizational Structure: <input type="checkbox"/> Government <input type="checkbox"/> Academic <input type="checkbox"/> Non-profit <input type="checkbox"/> Commercial/Pharmaceutical		

Section 2: Shipping Information (No P.O. Box Numbers)

Contact Name:	Contact Phone:	Contact E-mail:
Shipping Address: <input type="checkbox"/> Same as Institution Address Above		
FedEx Account#: <input type="checkbox"/> Intramural Investigators only: Use NIH CSP Courier Services (no FedEx acct needed)		

Section 3: Billing Information

<p>Check Payments Only: Made Out to the “<u>Leidos Biomedical Research.</u>” (Address to send checks provided with invoice at time of material shipment.)</p>
<p>Billing Contact Name: <input type="checkbox"/> Same as PI Above <input type="checkbox"/> Not Required; Intramural Maryland Campus Investigator</p>
<p>Billing Contact Phone:</p>
<p>Billing Contact E-mail (for Invoice):</p>
<p>Mailing Address:</p>
<p>PO# (only if required for purposes of invoicing)</p>

Section 4: Acknowledgement of Understanding

The signature below indicates the Principal Investigator requesting the material understands the following:

- The recipients must maintain possession of any NCI Patient-Derived Models material at all times. Specifically, recipients may not transfer material to any other party without written approval by the NCI.
- NCI Patient-Derived Models material is solely for non-commercial research purposes.
- NCI Patient-Derived Models material is not for use in human subjects.
- NCI Patient-Derived Models material is human biological material and may contain infectious agents and therefore, will be handled appropriately.
- If requesting CAFs, the recipient acknowledges the limited lifespan of these non-transformed cultures.
- Partial cost recovery remittance must be made **by check** to “**Leidos Biomedical Research.**” Funds will subsequently be deposited with the National Cancer Institute.

PI Signature:	Date:
----------------------	--------------

Section 5: Research Plan

If requesting CAFs, be sure to supply sufficient justification why the proposed research should be considered over other requestors. CAFs are non-renewable by the PDMR and once distribution material is used up, no further material will be available.

Project Title:
Research Plan (maximum 2 pages):