



CF Canada-Sick Kids Program for Individual CF Therapy Sample Request Form

The CF Canada-Sick Kids Program for Individual CF Therapy has cell samples available to CF researchers for academic, non-commercial research purposes, and a subset of these samples are available for commercial purposes. Both CF patient iPS cells and matched patient nasal cells are available. If you wish to receive samples for your research please fill out the following form, which will be reviewed by the sample committee in terms of scientific merit and feasibility, before any samples will be delivered. Successful applicants will be required to sign a license agreement. Researchers will be charged a fee per nasal cell sample and per iPS cell sample, (plus shipping) to cover costs of sample expansion/aliquot preparation.

Name:
E-mail address:
Phone number:
Institution:
Address:
Country:
FedEX shipping account number:
Please choose type of research project:
<input type="checkbox"/> Academic Research <input type="checkbox"/> Commercial Research
Names of PI collaborators involved in this research:
What is your hypothesis/question to be addressed?

What type of samples do you need and how many? Please describe requested genotypes and other relevant details.

Academic Pricing (Please contact for commercial pricing):

Number of nasal cell lines: _____ x \$ 750 CAD = \$ _____

Number of iPS cell lines: _____ x \$ 1000 CAD = \$ _____

Total: \$ _____ CAD not including shipping.

What methods will you use to study the samples?

Do you have the funds and access to the required equipment to perform this study? Do you have the necessary experience/expertise to perform the work? Please elaborate.

Do you already hold research ethics approval at your institution to perform this work? Please explain. If you don't already hold approval, please give an estimated date you will receive approval.

Do you require additional information in order to address the study question? Please specify. i.e. CFTR genotype, patient clinical information, genetic information, etc.

Is there any other information relevant to this request that you would like us to know?

Date samples are required by:

Signature:

Date:

Please return form via e-mail as an attachment: CFIT.program@sickkids.ca

For internal use:

Approval:

Date:

Cell lines:

Total: \$

Anticipated shipping date:

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