

Stem Cell Research Oversight Committee (SCRO)

ANNUAL CONTINUATION FORM

NOTE: This form is to be used by both RPCI and UB investigators working with stem cells

Section I: General Information

Principal Investigator (PI):

Alternate Contact or Co-PI:

Project Title:

One year renewal requested:

Yes; complete form, sign and submit
 No, delete protocol; skip all sections, sign and submit

Section II: Personnel

I certify that all personnel have read the NAS and Joint UB/RPCI Guidelines on the hazards and the level of containment and ethical guidelines required to perform this research safely

Name	Title	Role in this Research	NAS Review date
PI:			
Co-PI/ Co-I:			
Personnel:			
Personnel:			
Personnel:			

Section III: Use of Human Cell Lines

Please list all hESC lines and/or modified hESC lines, you have received within the past 12 months in connection with this project, in the table below:

Name of Cell Line	Source/Vendor	Total quantity (# of wells/vials) received

I have reviewed my approved protocol under the registration number listed on the cover page and I certify that no changes have been made in the protocol.

If there is/will be a change in the research under this protocol, I will submit an amendment for review.

Signatures:

Principal investigator: _____ Date: _____

SCRO Chair or Representative: _____ Date: _____