



Annual Continuation Date:

SCRO Reg. NO \_\_\_\_ ☐ UB ☐ RPCI

## 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

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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: \_\_\_\_\_