Childrens Hospital Los Angeles Request for Wisconsin Materials

Institution Contact Informatio	Institution Researcher (Principal Investigator)
Name:	Name:
Email Address:	E-mail Address
Phone Number:	Phone Number:
	Mailing Address:
Checklist:	
Wisconsin Materials to WiCell Res Simple Letter Agreement (Complete two original SLAs. Fill in the name of the Inst Fill in a descriptive resear be differentiating to. Have the Institution Resea Complete the lab address v Have an authorized institu technology transfer office Mail two original, signed	itution Researcher (the principal investigator). The chitle. If you list "differentiation of stem cells," please indicate what you will recher (principal investigator) sign where indicated. The where indicated is in the institution; this person could be from the institution's
Please direct any questions regarding	ng the SLA to the Contracts Administrator at info@wicell.org . Thank you.
Mailing address:	
US Mail: WiCell Research Institute	Express Mail: WiCell Research Institute
Contracts Administrator	Contracts Administrator
PO Box 7365	614 Walnut St.

Madison, WI 53726 USA

Madison, WI 53707

Order Referenc	e No. Core Transfer		WiCell Agreement No
	Simple Letter	r Agreement	
INSTITUTION	N: Childens Hospital Los Angeles	RECIPIENT:	
PROVIDER:	Childrens Hospital Los Angeles Core Lab (Name of Authorized Provider)	CELL LINE: _	
RESEARCH F	PROGRAM TITLE:		
the above Instit	etter Agreement dated and effective, tution, and WiCell Research Institute, Inc. ("WiCe Madison, Wisconsin 53726 USA.		
with any proger such modified Institution. In a	inderstanding that the Recipient desires to obtain sarry and any unmodified or modified versions thereof versions), as the "Wisconsin Materials") for use a accordance with the terms and conditions of the Mei (the "MOU"), which is incorporated herein by refere	(but only with responses part of research morandum of Under	ect to any material of the Cell Line included in to be conducted in Recipient's laboratory at standing between WiCell and Institution dated
	nereby agrees that he/she has read and acknowledges and inditions. Specifically, Recipient acknowledges and		
(b) implant(c) attempt(d) using	g of Wisconsin Materials with an intact embryo, either ating Wisconsin Materials or products of the Wisconsting to make whole embryos with Wisconsin Materials Wisconsin Materials for therapeutic or commercustic services) for consideration or the production or	sin Materials in a uto als by any method; o ial purposes, includ	erus; or ding the performance of services (including
his/her Core La Exhibit A confi	agrees that on or before June 1 of each year in whice aboratory (as defined in MOU Agreement No. 07 irming compliance with the above restrictions. The cordance with such MOU.	-W410) a signed A	nnual Certification Statement as set forth on
Ownership of a are received from	Materials are the property of WiCell and are being all Wisconsin Materials (as defined above) shall renorm WiCell or an authorized third party. Any Wiscon a material breach of any terms of this Simple Letter	nain with WiCell, re onsin Materials prov	gardless of whether such Wisconsin Materials vided hereunder will be returned to WiCell or
on research usi	agrees to communicate to WiCell all publications and ing the Wisconsin Materials. In addition, any repo	orts, publications, or	other disclosure of results obtained with the

- d
- ıe Wisconsin Materials will acknowledge WiCell as the original source of the Wisconsin Materials and, in the event that the Wisconsin Materials were received from an authorized third party, the conditions in which such Wisconsin Materials were maintained prior to their transfer.

The Institution and Recipient must sign both copies of this letter and return both signed copies to WiCell, along with any fees if applicable, before the Wisconsin Materials may be provided to the Recipient.

Recipient Scientist	Institution	WiCell Research Institute
Ву:	By:	By:
Name:		Erik J. Forsberg, Executive Director
Date:	Title:	Date:
Address:	Date:	
	<u> </u>	

ANNUAL CERTIFICATION

Annual Certification of Recipient Scientist: I have read and understood the terms and conditions outlined in the Simple Letter Agreement and Memorandum of Understanding, and I agree to abide by such terms and conditions in the receipt and use of the Wisconsin Material. I further certify that the research that I am engaged in, and have been engaged in, does not include the following:

- (a) mixing of Wisconsin Materials with an intact embryo, either human or non-human;
- (b) implanting Wisconsin Materials or products of the Wisconsin Materials in a uterus;
- (c) attempting to make whole embryos with Wisconsin Materials by any method; or
- (d) using Wisconsin Materials for any therapeutic or commercial purpose, including the performance of services (including diagnostic services) for consideration or the production or manufacture of products for sale or distribution.

Recipient Scientist:	
Date:	