



Instructions:

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Page 4 – Must be completed by clients requesting hESC's

Page 5 – Must be completed by clients intending to work at the Stem Cell Core laboratory

CONTACT INFORMATION

NAME:

TITLE:

POSITION:

DEPARTMENT:

EMAIL:

CONTACT NUMBER:

CONTACT ADDRESS (Please provide a full address including, room number, floor number, building name and Zip code)

PI NAME:

PI DEPARTMENT:

PI EMAIL:

PI CONTACT NUMBER:

PI LAB ADDRESS (Please provide a full address including, room number, floor number, building name and Zip code for lab and office)

CELLS

□ hECC

☐ INVITROGEN CABINET☐ KARYOTYPING*

☐ CONSULTATION

☐ LONG TERM COLD STORAGE

RESEARCH INFORMATION

PLEASE PROVIDE A BREIF OVERVIEW OF YOUR RESEARCH SO THAT WE MAY BETTER ASSIST YOU:

FUNDING INFORMATION

PLEASE LIST ALL OF THE AGENCIES RESPONSIBLE FOR FUNDING YOUR WORK*:

PLEASE PROVIDE AN ACTIVE CHLA ACCOUNT NUMBER*:

* This information is required for internal use by the Children's Hospital Los Angeles Stem Cell Core and will remain confidential. Please note that you are responsible to inform the core of a change or expiry of the account number

I have read and understood the Children's Hospital Los Angeles Stem Cell Core Access Policy (website) and will comply with all facility regulations:

Signed: **Date:**

WORKING WITH hESC'S

HAVE YOU WORKED WITH HESC'S PREVIOUSLY? PLEASE LIST THE LINES YOU HAVE WORKED WITH:

DO YOU REQUIRE TRAINING OR ASSISTANCE IN ORDER TO WORK WITH HESC'S?

DO YOU HAVE SCRO APPROVAL TO WORK WITH HESC'S? (PLEASE PROVIDE AN ACTIVE SCRO PROTOCOL NUMBER)*

IS YOUR WORK INVOLVING hESC'S FUNDED BY THE NIH?

*** If you do not have SCRO approval to work with hESC's please Maritess Coronel (MCoronel@chla.usc.edu) for information on submitting an application.**

WORKING AT THE STEM CELL CORE FACILITY

DO YOU HAVE UP TO DATE BLOOD BORNE PATHOGEN TRAINING? (PLEASE PROVIDE THE DATE YOU LAST UNDERWENT TRAINING):

DO YOU HAVE UP TO DATE LAB SAFETY TRAINING? (PLEASE PROVIDE THE DATE YOU LAST UNDERWENT TRAINING):

DO YOU HAVE PRIOR CELL CULTURE EXPERIENCE? (PLEASE PROVIDE INFORMATION)

DO YOU REQUIRE TRAINING TO USE ANY OF THE FOLLOWING EQUIPMENT?

ABI 7900HT FAST RT PCR SYSTEM:

LONZA/ AMAXA NUCLEOFECTOR OR 96 WELL SHUTTLE :

NIKON ECLIPSE TI FLUORESCENT MICROSCOPY SYSTEM: