

## STEERING COMMITTEE FOR THE UK STEM CELL BANK AND FOR THE USE OF STEM CELL LINES

### APPLICATION FORM TO IMPORT OR EXPORT HUMAN STEM CELL LINE(S) INTO OR OUT OF THE UNITED KINGDOM

#### Notes to Applicants

(Please read these notes before completing the application form)

- The absence of the required stem cell line(s) from the UK Stem Cell Bank catalogue should first be confirmed by checking the UK Stem Cell Bank catalogue at <http://www.ukstemcellbank.org.uk>
- It is important that this application is understandable by lay members and any abbreviations explained.

Submit your completed application form by email to the Secretary of the Stem Cell Steering Committee:

[stemcellsecretary@headoffice.mrc.ac.uk](mailto:stemcellsecretary@headoffice.mrc.ac.uk)

For general information contact:

*The Secretary to the Steering Committee for the UK Stem Cell Bank and for the Use of Stem Cell Lines,  
2<sup>nd</sup> Floor David Phillips Building  
Polaris House  
North Star Avenue  
Swindon  
Wiltshire  
SN2 1FL*

Tel: +44 01793 416200

For scientific information contact:

Dr Paul Colville Nash: [Paul.Colville-Nash@headoffice.mrc.ac.uk](mailto:Paul.Colville-Nash@headoffice.mrc.ac.uk)

or

Dr Charles Hunt: [enquiries@ukstemcellbank.org.uk](mailto:enquiries@ukstemcellbank.org.uk)

The following document **must** accompany **all** applications:

- A one page CV for the Principal Investigator (Applicant)

The following documents **must** accompany any applications for stem cell lines for clinical use:

- A copy of ethics committee approval (or equivalent)
- A copy of the information given to participants/patients in the clinical study/trial
- A copy of the consent form given to participants

If submitting electronically, PDF files of WORD documents are acceptable. Paper copies may be submitted to the Secretary, but must be accompanied by a completed copy of the application form.

#### **Key to abbreviations**

HESC: Human Embryonic Stem Cell (line)

MHRA: Medicines and Healthcare products Regulatory Agency

NIH: National Institute of Health (USA)

HFEA: Human Fertilisation and Embryology Authority

HTA: Human Tissue Authority

UKSC: UK Steering Committee

#### **Notes to Sections**

*Note 1:* List each cell line separately and use the cell line name designated by the originator.

*Note 2:* The type (embryonic, foetal, or adult), the Grade (either Research or Clinical) and the country where the cell line originated should be entered in the box provided of each stem cell line named.

*Note 3:* State whether each line is listed on either the US NIH (<http://stemcells.nih.gov/research/registry/>) or UKSC Register of Stem Cell Lines or neither.

*Note 4:* You must inform the UK Steering Committee if collaborators join the project subsequent to this application.

*Note 5:* The UK Steering Committee needs to satisfy itself that hESC lines are not used for trivial purposes and their uses are within the remit of HFEA regulations. The Stem Cell Steering Committee will not conduct a scientific review of experimental detail or repeat the peer review.

*Note 6:* The Steering Committee considers all applications on a case by case basis and appreciates that in the area of consent that there may be occasions when not all the criteria listed in Section 3 are fulfilled. The Steering Committee reserves the right to ask for original

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documentation if considered necessary.

*Note 7:* The document **The Code of Practice for the Use of Stem Cell Lines** can be found on both the UK Stem Cell Bank and the Medical Research Council websites

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## APPLICATION FORM TO IMPORT/EXPORT A HUMAN STEM CELL LINE INTO OR OUT OF THE UNITED KINGDOM

### SECTION 1

### General Information

Complete all boxes

**1.1** Name and title of Principal Applicant:

**1.2** Title of Project (for which cell lines are requested):

**1.3** Are you applying to:

(Check only one box)

Export stem cell lines from the UK to a foreign country:

☐

Import stem cell lines from a foreign country into the UK:

☐

Import stem cell lines from the UK into a foreign country (overseas applicants):

☐

**1.5** Name and title of recipient (if exporting stem cell lines from the UK):

**1.6** Name and title of provider (if importing stem cell lines):

**1.7** Name(s) of cell  
line(s) (see Note 1):

**Type of cell line(s)**  
(see Note 2):

**Grade**  
(see Note 2):

**Country of origin**  
(see Note 2):

**Register  
NIH / UKSC / none**  
(see Note 3):

For HESC lines derived in the UK, please provide the HFEA licence number and HFEA centre number

**Name of Cell Line:**

**HFEA Licence Number**  
(under which cell line was derived):

**HFEA Centre Number**  
(for the centre from which the embryo was obtained):

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## SECTION 2A

### Applicant Details

<b>2.1 Name and title of Principal Applicant:</b>	<b>Post held:</b>
<b>Address:</b>	<b>Telephone:</b> <b>Fax:</b> <b>E-mail:</b>

<i>(Complete only if different from 2.1 above):</i> <b>2.2 Name and title of contact person</b>	<b>Post held:</b>
<b>Address:</b>	<b>Telephone:</b> <b>Fax:</b> <b>E-mail:</b>

## SECTION 2B

### Recipient Details

<i>(Complete only if different from 2.1 above)</i> <b>2.3 Name and title of recipient:</b>	<b>Post held:</b>
<b>Address:</b>	<b>Telephone:</b> <b>Fax:</b> <b>E-mail:</b>

## SECTION 2C

### Provider Details

<i>(Complete only if different from 2.1 above)</i> <b>2.4 Name and title of provider of the cell lines:</b>	<b>Post held:</b>
<b>Address:</b>	<b>Telephone:</b> <b>Fax:</b> <b>E-mail:</b>

## SECTION 2D

### Collaborators

<i>Provide names and institutions of all those collaborators who will have access to the stem cell line(s) listed above as part of this application (see Note 4)</i>	
<b>2.5 Name(s) and title(s) of collaborator(s)</b>	<b>Institution(s)</b>

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## SECTION 3A

### Details of Research Project (for which stem cell lines are being requested)

**3.1 Title of Research Project:**

**3.2 Abstract of Research Project including aims and objectives.** *(See note 5)*  
**(Approx 300 words):**

**3.3 Have you previously received approval from the UK Steering Committee to use stem cells for a research project?**

Yes ☐

No ☐

If **Yes** give UK Stem Cell Steering Committee (SCSC) number

**3.4 Has the research project been subjected to peer review?**

Yes ☐

No ☐

If **Yes** provide details (Funding body etc)

If **No** please explain why this is the case (e.g. generation of preliminary data), state how the research will be supported

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### SECTION 3A (continued)

**3.5 Does the research project include experiments in animals, excluding teratoma assays in small mammals?**

Yes ☐

No ☐

If **Yes** provide details:

**3.6 Do you intend to perform experiments creating hES cell/animal embryo aggregation chimaeras?**

Yes ☐

No ☐

If **Yes** provide details:

**3.7 Are all experiments involving animals covered by appropriate Home Office Animal Procedures Licences (or their equivalent if the cell line is to be used outside of the UK)?**

Yes ☐

No ☐

**3.8 Do you intend to use the stem cell lines in clinical trials / therapy**

Yes ☐

No ☐

### SECTION 3B (to be completed only if Clinical Grade stem cell lines have been requested)

**3.8 Has the stem cell line(s) been derived in facilities accredited / licensed by an equivalent of the UK MHRA or HTA**

Yes ☐

No ☐

**3.9 Do you have access to facilities accredited by the MHRA, or the HTA (or their equivalent where the application is from overseas)**

Yes ☐

No ☐

If Yes provide details (e.g. regulations/directives under which the facilities are accredited)

## SECTION 4

## Consent

**YOU NEED ONLY COMPLETE THIS SECTION IF THE STEM CELLS IN THIS APPLICATION:**

- are somatic stem cell lines derived from foetal or adult tissue, OR are of embryonic origin and were derived outside the UK;

AND

- are not listed on either the Register of Steering Committee Approved Stem Cell Lines or the NIH Registry.

Complete **ALL** boxes in this section (see note 6).

**4.1** Was the study for deriving the cell lines(s) named in this application approved by an ethics committee (or equivalent if application is from outside the UK):

Yes ☐No ☐

The following criteria constitute best practice in the UK for informed consent.

**4.2** Have you confirmed with the originator that at the time of consenting, the donor(s) was informed:

**i** about the specific research project, including any tests that may be performed as part of the licensed research project on embryos or cells derived from the embryos

Yes ☐No ☐

**ii** that any stem cell lines created may continue indefinitely and may be used in many different research projects

Yes ☐No ☐

**iii** that the decision whether to donate would not affect their treatment in any way

Yes ☐No ☐

**iv** about whether the embryos/cells would be reversibly or irreversibly anonymised and the implications of this

Yes ☐No ☐

**v** whether any information will be fed back to the donor(s)

Yes ☐No ☐

**vi** that the donors may vary or withdraw their consent until the point the embryos/cells are used in the project

Yes ☐No ☐

**vii** that once the embryo/cells has been used in the project, the donor(s) have no control over any use of the cells or any stem cell lines derived

Yes ☐No ☐

**viii** that stem cell lines derived in this project will be deposited in the UK Stem Cell Bank and the implications of this including long term storage and use in other research projects and potential therapeutic applications

Yes ☐No ☐

**ix** that stem cell lines may not be generated where the consent places a constraint on future use

Yes ☐No ☐

**x** that cell lines may be used for commercial purposes, but that donor(s) will not benefit financially from this

Yes ☐No ☐

**xi** that cell lines derived or discoveries made from them may be patented but donor(s) will not financially benefit

Yes ☐No ☐

**xii** regarding how the research was funded, including any benefit which may accrue to researchers and/or their departments/companies

Yes ☐No ☐

## Declaration

- i. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
- ii. I have read and understood the Code of Practice for the Use of Human Stem Cell Lines and agree to abide by this Code (see Note 7).
- iii. The cell line(s) will only be used for the purposes set out in this application.
- iv. The cell lines will only be used for:
  - a. Research that is consistent with UK legislation (as specified in the Code of Practice for the Use of Stem Cell Lines and the recipient hereby agrees to abide by this Code.
  - b. Research which has the long term goal of helping to increase knowledge about serious diseases and their treatment.
  - c. Basic cell research which underpins these aims.
  - d. Development of cell based therapies for clinical trials in respect of serious human diseases.
- v. The cell lines will only be used for research that does not contravene UK legislation such as that pertaining to reproductive cloning.
- vi. The cells will only be used for research that is consistent with and does not contravene legislation in the country in which the recipient is working.

<b>Signed on behalf on Host Institution</b> <i>(Person responsible e.g. Head of Department/Dean)</i>	<b>Signed by Principal Applicant</b> <i>(on behalf of all principal collaborators)</i>
Date:	Date:
	<b>Signed by Recipient</b> <i>(if the stem cell line(s)s are being exported from the UK to a foreign country)</i>
	Date:

Name and title of Signatory for Host Institution:	
Post Held	Institution
Postal Address:	Telephone: Fax: E-mail:



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<b>Date application received:</b>		
<b>1. Principal Investigator's CV received:</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>2. Recipients CV received</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>3. Copy of ethics committee approval received:</b> (clinical grade cells only)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> (if cells are Research Grade)
<b>4. Patient/participant information sheet received:</b> (clinical grade cells only)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> (if cells are Research Grade)
<b>5. Copy of consent form received:</b> (clinical grade cells only)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (if No complete 5 below)	<b>Not Applicable</b> <input type="checkbox"/> (if cells are Research Grade)
<b>6. Record details of method used to ascertain that appropriate consent would be obtained from the patients/participants.</b>		
<b>Print Name:</b>	<b>Signature:</b>	
<b>Date application considered by SC:</b>		
<b>Date application approved:</b>		