**Stem Cell Research Oversight (SCRO) Office**



**UConn Health**

**263 Farmington Avenue**

**Farmington, CT 06030**

**SCRO Continuation Form Phone: 860-679-6004 Fax: 860-679-1005**

**SCRO Coordinator, Ellen Ciesielski**

**e-mail:** [**eciesielski@uchc.edu**](mailto:eciesielski@uchc.edu)

**Please select one of the two options below:**

**Request to continue protocol for active research**

Submit this completed form and attachments as indicated to [eciesielski@uchc.edu](mailto:eciesielski@uchc.edu). The Principal Investigator (PI) is responsible for notifying Sponsored Program Services (SPS), Institutional Biosafety Committee (IBC), Institutional Animal Care and Use Committee (IACUC), or Institutional Review Board (IRB) of any changes under the oversight scope of these offices.

**Request for “open but inactive” research status**

If you request “open but inactive” research status, please fill in the General Information box below, sign the final page of the continuation form and submit to [eciesielski@uchc.edu](mailto:eciesielski@uchc.edu). The PI is responsible for notifying SPS, IBC, IACUC, or IRB of any changes under the oversight scope of these offices.

After receiving “open but inactive” status, if you choose to re-start research activities, please submit an amendment describing any changes from your previously approved protocol, your funding source, and all relevant committee approvals. This protocol status will expire in one year’s time, at which point you can again re-request “open but inactive” status or request to re-activate or close the protocol.

**If you wish to close the protocol, please complete the SCRO Completion Form.**

**I. General Information**

**Date of this form:**

**Project Title:**

**Principal Investigator:**

**SCRO Protocol Number:**

**Contact Info (Campus, Department/Company Name, Address, Email & Phone):**

**Expected Completion Date:**

**II. Human Biological Materials**

1. Does the research involve human cells/tissues?  **Yes  No**

If **No**, proceed to next section.

If **Yes**, continue**.**

|  |  |
| --- | --- |
| **Material involved** | **Source** |
| NIH-Registered hESC lines | Cell Line Name(s)  NIH Cell Line Name(s), if different  [NIH Registration Number(s)](https://grants.nih.gov/stem_cells/registry/current.htm) |
| Non-NIH-Registered hESC lines | Cell Line Name(s)  Institutions(s)  Principal Investigator(s) |
| Human iPS or other Non-Embryonic Derived Human Pluripotent Stem Cells | Cell Line Name(s)  Institutions(s)  Principal Investigator(s) |
| Human Somatic Cells to be used for iPS | Cell Line Name(s)  Institution(s) |
| Multipotent Human Neural Stem Cells (if there is the potential that they may contribute to central nervous system of chimeric animals) | Cell or Tissue identifier, Description  Materials used to generate or obtain tissue: |
| Embryos  Quantity: | IRB Numbers(s)  Institutions(s)  Principal Investigator(s) |
| Sperm | IRB Numbers(s)  Institutions(s)  Principal Investigator(s) |
| Oocytes | IRB Numbers(s)  Institutions(s)  Principal Investigator(s) |
| Other | Please specify: |

**III. Progress Report**

1. Please list the aims from initial application addressed in the last year:

2. Please detail any accomplishments in the last year:

3. Please list any publications in the last year resulting from this work:

4. Please list the aims from initial application to be addressed in the coming year:

**IV. Ancillary Reviews**

**Research Oversight Committees**

SCRO will not approve protocols until documentation of all other necessary approvals has been received. The PI is responsible for submitting approval documents to the SCRO.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 1. Has an Institutional Biosafety Committee (\*IBC) approval covering the research in this SCRO protocol been obtained? | Not Applicable  Pending  Yes | | Protocol Number: | Expiration Date: | Project Title: |
| 2. Has an Institutional Animal Care and Use Committee (IACUC)  approval covering the research in this SCRO protocol been obtained? | Not Applicable  Pending  Yes | | Protocol Number: | Expiration Date: | Project Title: |
| 3. Has an Institutional Review Board (\*\*IRB)  approval covering the research in this SCRO protocol been obtained? | Not Applicable  Pending  Yes | | Protocol Number: | Expiration Date: | Project Title: |

\* At UConn Health, IBC approval is required for research involving recombinant or synthetic nucleic acid molecules (rsNA). At UConn-Storrs, IBC approval is required for research and teaching activities that involve biological materials including but not limited to: recombinant or synthetic nucleic acid molecules (rsNA), biological agents and toxins, bacteria and their phages and plasmids, viruses, fungi, mycoplasmas, prions, and parasites; human and non-human primate tissues, body fluids, blood, blood byproducts, and cell lines, animal remains and insects that may harbor zoonotic pathogens.

\*\* IRB approval is required for donation of human gametes, somatic cells, embryos, and human biological materials for which the donor can be identified.

**Please attach all relevant Research Oversight Committee approvals. For IRB, please attach the currently approved consent form showing approval dates.**

4. Have you secured all the MTA(s)/SLA(s) for your stem cells?  Yes  No  N/A

5a.When was the most recent scientific review by an expert panel (e.g., an NIH study group or other form of peer review)?

5b. Please identify the review panel(s). No acronyms, please.

**V. Funding Source(s)**

1. What are the current sources of funding for this project?Check all that apply.

State of Connecticut Regenerative Medicine Research Fund

Other Connecticut State Funds

Federal Funds

Private Research Foundation Funds

Private Industry

UConn Start-Up Funds

Other (Please specify. No acronyms, please.):

2a**.** Are any of the above funding sources new in the last year?  Yes  No

2b. If **Yes**, which source(s)?

**VI. Amendments**

|  |  |  |
| --- | --- | --- |
| **Indicate if a change has occurred in the last year.** | | **Did the SCRO approve an amendment for this change?** |
| Change in PI or other project personnel (additions or deletions of staff, including post-docs and graduate students) | Yes No | Yes No\* |
| Change in the source of funding or the addition of new funding | Yes No | Yes No\* |
| Requests for additional types or sources of hESC lines | Yes No | Yes No\* |
| Changes in procurement of human embryos, gametes or somatic cells | Yes No | Yes No\* |
| Changes in experimental protocols in the use of hESC or derivatives, human gametes, or embryos or in vivo research involving implantation of human induced pluripotent stem cells into prenatal animals or into the central nervous system of post-natal animals | Yes No | Yes No\* |

**\*The above changes require submission of an amendment request (form found here:** <http://research.uchc.edu/rcs/stem-cells/forms/>) **and SCRO Committee approval *prior* to implementation.** If an amendment request has not been approved for a change that has occurred in the past year or you plan to make a change, please complete an amendment form to describe the changes and submit along with this continuation form.

**VII. Investigator Certification**

**I certify that this protocol is being conducted in adherence to the UConn policies for the conduct of hESC research and in compliance with all relevant State of Connecticut and federal laws and regulations.**

**PI Name:**

**PI Signature:**       **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Attachments Checklist**

|  |  |
| --- | --- |
| **Did you attach…** |  |
| IBC approval letter? | Yes  N/A |
| IACUC approval letter? | Yes  N/A |
| IRB approval letter and currently approved/stamped consent form? | Yes  N/A |