ESCRO Protocol Amendment

1. Contact information
Principal Investigator:
Protocol title:
Contact person:
Email:
Phone:

Project status: currently active project not yet begun project should be inactivated

Is the Study completed? If yes provide date:

Was the study closed prior to completion? If yes provide date:
If closed by Sponsor, specify reason(s) in progress section below.
If other reason, specify reason(s) in progress section below.

2. Funding source(s) – has anything changed? If so, please list. If no changes, put N/A

Sponsor name	Sponsor #	Project period

Is the project currently funded?
Yes or no

3. Location(s) of project activity (building and room number) – has anything changed? If so, please list. If no changes, put N/A

4. Co-investigator(s) – name and institution – has anything changed? If so, please list. If no changes, put N/A

5. List hESCs used in this project: – has anything changed? If so, please list. If no changes, put N/A
NIH registry lines:

Unlisted lines:

6. Description of the work.
Do you plan to:

a) conduct teratoma experiments to test pluripotency of human pluripotent stem cells?
yes or no

b) conduct purely in vitro human embryonic stem cell research with NIH approved cell lines or cell lines previously approved by the Stem Cell Research Oversight Committee
yes or no

c) introduce human pluripotent stem cells or their derivatives into non-human animals at any embryonic, fetal, or postnatal stage, if an expected effect is that human cells will be integrated into the central nervous system, testes, or ovaries of the animal?
yes or no

d) conduct research in which personally identifiable information about the donors of the preimplantation embryos, gametes, or somatic cells from which the human embryonic stem cells were derived is readily ascertainable by the investigator?
yes or no

e) conduct research that involves preimplantation stages of human development, human embryos, or embryo-derived cells or that entails the production of human gametes in vitro when such gametes are tested by fertilization or used for the creation of embryos?
yes or no

7. Description of the research – has anything changed? If so, describe the changes. If no changes, put N/A

8. Regulatory status
If the relevant IBC/IACUC/IRB approvals have changed since the last submission, please attach updated protocols and approval letters.

9. Study progress
Briefly describe the progress of your study to date.
Provide a list of publications, presentations, abstracts, etc associated with this work.
Provide a copy of your most recent sponsor progress report.

_____
Signature of Principal Investigator

_____
Date