

Experimental Mouse Shared Resource Cell Line Waiver

Date:

Principal Investigator:

Technician:

Cell Line Requested:

Account # to be billed for mycoplasma and/or cell line authentication:

Describe what/who the cell line will be used for:

Distributing, selling, lending, or transferring this cell line is strictly prohibited as per the Material Transfer Agreement EMSR has with ATCC or the investigator from which EMSR received the cell line. The Material Transfer Agreement specifically states that this cell line can be used for research purposes in your laboratory only. It is also the responsibility of the Principal Investigator who is receiving the cell line that it only be used for experiments that are directly collaborating with the EMSR or the Principal Investigator from which EMSR originally received the cells. The Principal Investigator requesting cells is solely responsible for compliance with all applicable foreign and domestic, federal, state, and local statutes, ordinances and regulations. EMSR is not liable for indirect, special, incidental, or consequential damages of any kind in connection with or arising from replicates or derivatives of the material(s) distributed. Failure to comply with this request will result in legal action.

Print PI Name: _____

PI Signature: _____ Date: _____

This cell line was created by the laboratory of _____ . Credit should be given to _____ of _____ for all presentations, grant proposals, manuscripts, etc.

EMSS Use only:

Cell Line Name:

- 1.
- 2.
- 3.
- 4.
- 5.

Passages:

- 1.
- 2.
- 3.
- 4.
- 5.

Myco _____

Date Frozen:

- 1.
- 2.
- 3.
- 4.
- 5.

- 1.
- 2.
- 3.
- 4.
- 5.