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| --- | --- |
|  | **Submit Applications to:**  **Office of Research Integrity and Ethics**  **Email:** [**orie@wustl.edu**](mailto:orie@wustl.edu)  **Campus Box 1054**  **Phone: 314-747-0767** |

**Amendment**

**EMBRYONIC STEM CELL RESEARCH OVERSIGHT COMMITTEE (ESCRO)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **AMENDMENT [ ]** | **ESCRO #** |
| Principal Investigator | | (Last) (First) (Credentials) | |
| Department/Division | |  | |
| PI’s Title | |  | |
| Faculty Sponsor/Mentor *(Required if PI is a postdoc)* | | (Last) (First) (Credentials) | |
| Title of Research Project |  | |
|  |  | |
| Stem Cell line(s) used in this research *(Include NIH Code if applicable)* | |  | |

|  |  |  |
| --- | --- | --- |
| Sources of Funding that support this research | |  |
| [] Industry Sponsor [] Federal Agency (Grant #\_\_\_\_\_\_\_\_\_\_\_\_ **or** Date of expected submission to NIH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  [] Non-Federal Agency [] Dept [] None | |

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| --- | --- | --- | --- |
|  | |  |  |
| Signature of Principal Investigator Date  *I am responsible for the overall conduct of this research and will comply with all applicable federal, state, and local laws and WU policies and procedures. (If a postdoc: I will meet with my mentor regularly and keep him/her apprised of the status of the research.)* | |  | Signature of Department Chair Date  *My signature affirms that a scientific review of this research has been*  *conducted, that the researcher has adequate resources and budget to conduct the research, and represents my approval of the research.* |
|  | |  |  |
| Signature of Faculty Sponsor/Mentor Date  *My signature affirms that I have expertise in the proposed research. I will directly supervise the postdoc and convey the knowledge/ technical skills necessary to perform the procedures described in this proposal.* | |  | Chair’s Printed Name |
|  | |  |  |
| **FOR ESCRO USE ONLY** | | | |
| **ESCRO Scientific Review/**  **Provisional Approval:** | **HRPO/IRB Approval:** | | |
| **ESCRO Committee Review/**  **Final Approval:** | **ESCRO Expiration:** | | |
|  |  | | |
| **Signature of ESCRO Chairperson** |  | | |

**Amendment**

1. **Please answer the following questions** (cells will expand as needed)

|  |  |
| --- | --- |
| 1. **Describe all proposed changes.** |  |
|  |  |
| 1. If adding additional stem cell line(s) explain why the cell line(s) were chosen. | **[ ] N/A** |
| **Note: For research using hESC lines not on the NIH Registry or the destruction of human embryos:**  In order to comply with federal regulations, ESCRO must verify that research using non-NIH registered cell lines or involving the destruction of human embryos does not interfere with the University’s commitment to federally sponsored projects in regard to facilities, equipment, and personnel. You may be contacted with further instructions. | |
|  |  |
| 1. **Describe how you plan to acquire the bio-specimens (hESC, iPSC, human embryos)**   For example: from an external stem cell bank (e.g., WiCell); internally from the WU GEiC or a WU investigator; an investigator outside of WU; from patient donors. |  |
| 1. Do you plan to generate new hESC lines? | **[ ] No [ ] Yes** |
| If yes, please answer the following questions: |  |
| * Explain the scientific rationale for generating new hESC lines. |  |
| * Explain the basis for the number of blastocysts or oocytes. |  |
|  | |
| 1. **Describe the consenting process (**If applicable) **SKIP – If you are using hESC line(s) on the NIH Registry** | **[ ] N/A (**Research does not involve hESCs not on NIH Registry) |
|  | |
| 1. **If proposing to use hESCs not on the NIH Registry provide: documentation regarding derivation process of donated gametes or blastocysts; IRB approval including informed consent, cell line provenance, and MTAs** | **[ ] N/A (**Research does not involve hESCs not on NIH Registry) |

**II. Attachments (if applicable)**

|  |  |
| --- | --- |
| **Funded award *(required if adding a new grant)*** | **[ ] Attach complete grant application [ ] N/A** |
|  |  |
| **Animal Protocol *(if applicable)***  Required if adding a new animal protocol | **[ ] Attached [ ] N/A** |

**III. Complete if adding new lab members** (table will expand)

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| --- | --- | --- |
| **Name** | **Title** | **Department/Division** |
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