



AREDS2 Genetic Repository

Statement of Research Intent Version 1: June 22, 2018

Please fill out all parts of the form.

Part I: Disease(s) and phenotype(s) of interest

A. Please indicate what type of disease research you plan to conduct using these samples:

- Eye disease research only
- Eye disease research as well as other disease research
- Other disease research only

B. Please indicate below the specific disease(s) and phenotype(s) that you plan to study in this research project.

Note: Some participants consented to have their genetic specimen used for eye disease research only. Therefore, research projects for diseases other than eye disease may not use genetic specimens from these participants and should not be ordered.

Part II: Please describe in detail the research project that you will conduct using these samples. If there is another investigator with whom you are collaborating on this research project, this description should include the work being done by the collaborator. You may either provide your own description below (or as a separate document) or include a copy of the abstract of your research grant that describes your research project.

Part III: Please provide a 1-3 sentence *lay summary* of your proposed project using these samples. *It is important to make your summary as informative and understandable as possible to individuals who have little or no training in science or genetics.*

Part IV: Shared Use of DNA Samples and Collaborating Principal Investigator Information

A. Please indicate where these samples will be located by checking one box below.

- These samples will be used only by scientific staff in a laboratory under the direct supervision of the AREDS2 Principal Investigator placing the order.
- These samples will be shared by the AREDS2 Principal Investigator placing the order with one or more collaborating Principal Investigators whose contact information is provided below.

Collaborating Principal Investigator Name	Institution	E-mail

All collaborating Principal Investigators must each submit an Assurance Form. This form will be provided to the AREDS2 Principal Investigator who will provide it to the AREDS2 Genetic Repository at the time the order for samples is placed.

Part V: Contact Information and Signature

By signing and dating this Statement of Research Intent, the AREDS2 Principal Investigator certifies that it is accurate and acknowledges he/she will provide signed Assurance Forms for all collaborating investigators at the time the order for samples is placed.

Name of AREDS2
Principal Investigator: _____

Name of Institution: _____

E-mail: _____

Signature: _____ Date: _____

To contact the AREDS2 Genetic Repository:

Write: Coriell Institute for Medical Research, 403 Haddon Avenue, Camden NJ 08103

Call: (800) 752-3805 - US (Toll-Free)

(856) 757-4848 - International

E-mail: customerservice@coriell.org