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

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

This application should be submitted for (1) all research using materials derived from a human embryo, including human embryonic stem cell lines and hESC derivatives; (2) research *in vivo* using non-embryo derived hPSC including hiPSC or their derivativesor *in vitro* experiments designed or expected to yield gametes; or (3) research proposing to generate new hESC lines.

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|  | | **Renewal [ ]** | **ESCRO #** | **IRB ID:** |
| 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)* | |  | | |

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| --- | --- | --- |
| 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 ORIE/ESCRO USE ONLY** | | | |
| **ESCRO Scientific Review/**  **Provisional Approval:** | **HRPO/IRB Approval:** | | |
| **ESCRO Committee Review/**  **Final Approval:** | **ESCRO Expiration:** | | |
|  |  | | |
| **Signature of ESCRO Chair** |  | | |

**Renewal Application**

**Section I. Please provide the following information**

|  |  |
| --- | --- |
| 1. **Provide a brief summary of the research progress since last ESCRO approval** |  |
|  |  |
| 1. **Describe any proposed changes to your research since last ESCRO approval (if applicable)** | [ ] N/A |
|  |  |
| 1. **List all hESC parent lines in your lab** |  |
|  |  |
| 1. **Provide a list of hESC subclones and mutations used in your research either generated by your lab or obtained from another investigator. Do not include hESC subclones/mutations derived but not used.** |  |

**Section II. Provide a list of all individuals involved in the design, conduct, or reporting of the research** (table will expand)

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| --- | --- | --- | --- |
| **Name** | **Title** | **Department/Division** | **New since last submission?** |
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**Section III. Attachments (for Renewals)**

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| **For research only supported by Department funds –** attach your current Research Plan   * Highlight any proposed changes | **[ ] Attached [ ] N/A** |
|  |  |
| **For research supported by sponsored funds**   * Continuing research - Attach Progress Report * New Award(s) – Attach funded research proposal | **[ ] Attached [ ] N/A** |
|  |  |
| **Animal Studies protocol *(if applicable)*** – only applicable if adding a new or amended animal model using hESC/hPSC/ hiPSC or derivatives, since last ESCRO review | **[ ] New animal protocol attached**  **[ ] Amended animal protocol attached**  **[ ] N/A** |
|  |  |
| **IRB renewal *(if applicable)***   * The myIRB application will be downloaded and included with your ESCRO application. ESCRO review will not be scheduled until the myIRB renewal is received. | **[ ] N/A – The IRB determined my work with stem cells is not human research**  **[ ] myIRB Renewal has been submitted** |
|  |  |
| **IBC approval *(if applicable)***   * Attach if IBC approval has been amended or renewed since last ESCRO review | **[ ] N/A**  **[ ] Attached** |