IIDP Application and Letter of Agreement – For informational purposes only.

To apply for IIDP Islet and Biomaterials study please access the application submission through the IIDP Website, and select Apply Now.

Please note the letter of agreement must be signed by the Investigator and Authorized Institutional Representative before you can receive islets. If you have a peer-reviewed grant from NIH, JDRF or ADA, you will be automatically approved. If you do not have peer-reviewed funding your application will be sent for external review. This will take approximately 4-6 weeks for processing.

Application

Islet and Biomaterials Interest
Please indicate your interest for this study

1. Actively Available IIDP Resources
   a. Are you interested in freshly-cultured isolated islets?
   b. Are you interested in isolated non-islet pancreatic tissue (acinar), fresh or flash frozen?

2. IIDP Resources from our Inventory
   a. Are you interested in flash frozen isolated islets?
   b. Are you interested in formalin-fixed pancreas tissue sections (histology slides)?

3. Future Non-islet Biomaterial Initiatives
   a. Are you interested in receiving matched Blood Products?
      i. Serum (Red Top - Clot; No-Additives)
      ii. Serum (Yellow Top - ACD -Anticoagulant Citrate Dextrose Solution)
      iii. Plasma (Lavender Top - EDTA -Ethylenediamine tetraacetic acid; anticoagulaent)
   b. Are you interested in receiving matched Ancillary Tissue?
      i. Mesenteric Lymph Node
      ii. Spleen
      iii. Duodenum
   c. Are you interested in receiving matched Acinar Tissue?

Contact Information

1. First Name, Middle Name, Last Name
2. Degree
3. Academic/Professional Title
4. Email Address
5. Institution
6. Address 1
7. Address 2
8. Country
9. City
10. State
11. Postal Code
12. Time Zone
13. Telephone Number & Extension
14. Would you like to receive text messages?
15. Cell Phone Number
16. ORCID ID
17. Add additional contacts that will have access to your study
Shipping Information
1. Weekend shipments accepted?
2. FedEx Account Number
3. Shipping Reference
4. Weekday Delivery Shipping Address (if different from mailing address)
   a. Address 1
   b. Address 2
   c. City
   d. State
   e. Postal code
5. Weekend Delivery Shipping Address (if different from mailing address)
6. Contact Name (if different from PI)
   a. Address 1
   b. Address 2
   c. City
   d. State
   e. Postal code

Research Study Information
1. Title of Study
2. Specific Aims
3. Research Methods
4. Rationale for number of islets requested, including number desired per experiment, total number of experiments, replicate requirements, etc.
5. Rationale for use of biomaterials
6. The area of diabetes research that best describes your study
   a. Beta Cell Stimulus, Secretion, and Coupling
   b. Beta Cell Death and Dysfunction
   c. Type 1 Diabetes
   d. Tissue Engineering and Transplantation
   e. Alpha Cells
   f. Genetics and Genomics
   g. Other
7. Does this study involve activities performed on live, vertebrate animals (physical experimentation, handling, capture, behavior modification, etc.)?
8. If study involves animal research, IACUC Status and Approval Date
Islet/Biomaterials Requirements

1. Date available to begin receiving shipments
2. Anticipated study completion date
3. Total IEQs needed for study completion
4. Ideal and Minimum Islet Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Ideal</th>
<th>Minimum</th>
</tr>
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<tbody>
<tr>
<td>IEQs/shipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islet Purity %</td>
<td></td>
<td></td>
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<tr>
<td>Islet Viability %</td>
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5. Number of days between Shipments

<table>
<thead>
<tr>
<th>Number of days between Shipments</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
</table>

6. Ideal and Acceptable Types of Islets

<table>
<thead>
<tr>
<th>Type of Islets</th>
<th>Ideal</th>
<th>Acceptable but not ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultured</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Type II Diabetic</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
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7. Does your study require donors of a specific ethnicity/race?
   a. American Indian or Alaska Native
   b. Black or African American
   c. Native Hawaiian or Other Pacific Islander
   d. Asian
   e. Hispanic/Latino
   f. White
   g. Other

8. Islet Supplier Preferences Centers that you would like to block
   a. Southern California Islet Consortium
   b. The Scharp/Lacy Institute
   c. University of Miami
   d. University of Pennsylvania
   e. Human Islet Core Facility at Loyola Medical Center

9. How did you hear about the IIDP?
   a. Website (http://iidp.coh.org)
   b. Ad in scientific journal (e.g. Diabetes, Transplantation, Journal of Cell Biology, etc.)
   c. Word of mouth
   d. Conference/meeting
   e. Other
Funding Information

1. I have funding from a peer reviewed source to conduct this study (e.g. NIH, JDRF).
2. I have funding from a non-peer reviewed source to conduct this study (e.g. charitable foundation, institutional).
3. I have funding from a for-profit source to conduct this study.
4. Funding Information
   a. Title
   b. Support Type
   c. Funding Source
   d. Grant Number
   e. Start Date
   f. Duration
   g. Award Amt

Required Documents

1. Biosketch
2. Letter of Agreement signed by Investigator and Authorized Institutional Representative