

# Oklahoma Stem Cell Research Report

\_\_\_\_\_  
Name of the Research Project

## Provider Information

Please print, and fill out the information in this section in its entirety.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
EIN or Tax Identification Number: \_\_\_\_\_

### Contact Information

Check here if information is the same.

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

## Project Information

Initiation Date: \_\_\_\_\_ Suspension Date (if applicable): \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Restart Date (if applicable): \_\_\_\_\_

**Y** **N**

- Does the research involve human embryonic stem cells in vitro?
- Does the research involve human embryonic stem cells in vivo?
- Does the research involve the creation or derivation of human embryonic stem cells or cell lines?
- Does the research involve or require consent for human participation in a research project using human embryonic stem cells or adult stem cells?
- Does the research involve or require consent for donation of tissue to derive adult stem cells?  
If "Yes", list source of stem cells: \_\_\_\_\_
- Does the research involve the use of human oocytes for purposes other than in vitro fertilization?
- Does the research involve the use of human embryos for purposes other than in vitro fertilization?
- Does the research involve somatic cell nuclear transfer?

\_\_\_\_\_  
Name of the IRB or Stem Cell Research Oversight Committee to which you make periodic reports.

**Please mail  
completed  
form to:**

Oklahoma State Department of Health  
Screening & Special Services  
Attn: Sharon Vaz  
1000 NE 10<sup>th</sup> Street, Room 709  
Oklahoma City, OK 76117

**or send via email:  
or fax:**

[SharonAV@health.ok.gov](mailto:SharonAV@health.ok.gov)  
(405) 271 – 4892

**Phone:** (405) 271 – 6617