



Dear Investigator,

Thank you very much for the purchase of human plexiform neurofibroma Schwann cells hTERT ipNF05.5 (mixed clones), hTERT ipNF 05.5 (single clone), hTERT ipNF95.6, hTERT ipNF95.11b C, hTERT ipNF95.11c, and hTERT ipNF02.3λ, from ATCC! We are so glad you are pursuing studies with these highly characterized tools for biologic discovery, that we hope will fuel the acceleration of improving our understanding of neurofibromatosis type 1, in addition to other diseases.

As a philanthropic funder based in an academic institution whose mission is to foster collaboration and advance research progress, the Neurofibromatosis Therapeutic Acceleration Program (NTAP) is glad to **offer the opportunity for up to a 100% reimbursement of your purchase from ATCC.**

To get started towards a reimbursement, please do the following:

- 1) Fill in the application below
- 2) Attach a copy of the receipt from ATCC associated with the purchase
- 3) Attach a copy of proof of payment to ATCC for the associated purchase (per item 2).
- 4) Return the items in 1-3 to info@n-tap.org.

Upon receiving your request, we will work to respond to your reimbursement request within 60 days and then process the request as quickly as possible. We may contact you for additional information.

If you are a purchaser from a government agency, please contact NTAP directly at info@n-tap.org with details of your request.

Please note the following important points as conditions of reimbursement:

1. To be eligible, requests for reimbursement need to be received by NTAP within 90 days of the executed purchase.
2. You will need to provide your receipt from ATCC, which should have an invoice number, invoice date, entity information, amount, and product description.
3. Reimbursements are:
 - i. For actual costs incurred for the purchase of the product (including taxes and shipping fees). Payments will not be made for indirect costs.
 - ii. Capped at \$3,500 for not-for-profit entities, and \$12,000 for commercial (i.e. for profit) entities, within a 24 month period (based on purchase date) per primary investigator.
4. Reimbursements for multiple orders from the same primary investigator within a 24 month period are allowed, however cannot exceed the cap limits noted in part 3(ii).
5. For any publications, posters, or oral presentations that highlight the work using the products for which NTAP is providing reimbursement, purchaser agrees to acknowledge the 'Neurofibromatosis Therapeutic Acceleration Program (NTAP)' for funding support in the acknowledgements section.
6. Published scientific work and investigators that are supported by NTAP may be publicized by NTAP in meetings and presentations.
7. Investigators who apply for reimbursement will be added to the NTAP mailing list.

8. As a condition of reimbursement, Purchaser hereby agrees to indemnify, defend and hold harmless Johns Hopkins University, including the Neurofibromatosis Therapeutic Acceleration Program and its employees and agents, from and against any claims arising from or related to Purchaser's or Investigator's use of the human plexiform neurofibroma Schwann cells acquired from ATCC.

Application for Reimbursement by the Neurofibromatosis Therapeutic Acceleration Program (NTAP)

Name of purchaser: _____

Name of Primary Investigator (if different than purchaser): _____

Date of Purchase: _____

Organization: _____

Organization type: Individual Corporation University Not for Profit – other _____

Address: _____

Phone: _____

Email: _____

Are you a current vendor with Johns Hopkins Yes No

If 'No' please request an invitation to join PaymentWorks, which is the vendor payment system. To get set up, please contact Rhonda Jackson, at rjacks13@jhu.edu. The application to join PaymentWorks is a separate application that needs to be filled out as part of the reimbursement process. Joining PaymentWorks does not confirm approval of reimbursement by NTAP.

Use of Cells. In the box below please state the aims of the project and their intended use (200 words or less please). Please note that all information provided to NTAP will be kept confidential.

I hereby certify the above to be correct and true and will adhere to the conditions of reimbursement.

Signature of purchaser: _____

Signature of Primary Investigator (if different than purchaser): _____