



Dear Investigators,

Thank you very much for the purchase of human plexiform neurofibroma Schwann cells hTERT ipNF05.5 (mixed clones) (CRL-3387), hTERT ipNF 05.5 (single clone) (CRL-3388), hTERT ipNF95.6 (CRL-3389), hTERT ipNF95.11b C (CRL-3390), hTERT ipNF95.11c (CRL-3391), and hTERT ipn02.3 2λ (CRL-3392), from ATCC! We are so glad you are pursuing studies with these highly characterized tools for biological discovery that we hope will fuel the acceleration of improving our understanding of neurofibromatosis type 1 (NF1) and related conditions.

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 100% reimbursement of your purchase from ATCC for NF1 cell lines that contribute to improved understanding of NF1 pathophysiology and therapeutic discovery. However, we do not reimburse those who ordered **only** healthy Schwann cell lines (ATCC CRL-3391 and/or CRL-3392). NTAP will pay for the NF1 appropriate cell lines and the required shipping for those cell lines, but will not cover other costs (non-NTAP/NF1 cell lines or supplies and their associated shipping costs).

Reimbursements from NTAP for these cells are capped at \$6,000 total cost per laboratory (cells, tax and shipping) in a not-for-profit setting and at \$6,000 total cost per commercial entity (cells, tax and shipping) within 24 months. We have negotiated prices listed on the ATCC website for these cells. However, to see the appropriate price for your institution (\$625/vial for non-profit and \$2,500/vial for commercial), you will need to create an account with ATCC and log in under your account. The cell lines available represent a range of NF1 status and can be purchased individually or as a set of 6 lines. If a set of 6 lines ([Neurofibromatosis Cell Panel](#)) is purchased, ATCC will apply an additional 13% discount. As mentioned above, this initiative does not support reimbursement for individual orders for wild-type Schwann cell lines.

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

- 1) Fill in the reimbursement application form below
- 2) Attach a copy of the invoice from ATCC (or ATCC associated international vendors)
- 3) Attach a copy of the receipt from ATCC (or ATCC associated international vendors) (i.e., 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. We need to be clear about the ability of the agency,

department or person to receive reimbursement.

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. If you purchase via a foreign vendor (outside of the USA), you must add your banking information on all invoices.
3. Reimbursements are:
 - i. For actual costs incurred for purchasing the product (including taxes and shipping fees). Payments will not be made for indirect costs.
 - ii. We will work with you to confirm the total reimbursements requested from your laboratory or commercial entity within the preceding 24 months.
4. Reimbursements for multiple orders from the same primary investigator from the same laboratory (i.e., across colleagues working within a single laboratory) within 24 months are allowed. Still, they cannot exceed the cap limits noted above. We are happy to discuss if there are questions.
5. For any publications, posters, or oral presentations that highlight the work using the products for which NTAP is providing reimbursement, the purchaser agrees to acknowledge the Neurofibromatosis Therapeutic Acceleration Program (NTAP) for funding support in the acknowledgments section.
6. Published scientific work and investigators that are supported by these cells and therefore NTAP may be publicized by NTAP in meetings and presentations. We would be grateful if you would notify us of publications with these cells.
7. Investigators who apply for reimbursement will be added to the NTAP mailing list and asked to comment intermittently on the work being done with these cells related to NF1.
8. As a condition of reimbursement, the purchaser hereby agrees to indemnify, defend and hold harmless Johns Hopkins University, including the Neurofibromatosis Therapeutic Acceleration Program (NTAP) and its employees and agents, from and against any claims arising from or related to the 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 the purchaser: _____

E-mail: _____

Name of Primary Investigator or Laboratory Leader (if different than the purchaser):

E-mail: _____

Date of purchase: _____

Organization: _____

Organization type: Nonprofit

Not-For-Profit

Commercial

University

Government

Individual

Cooperation

Other _____

Address: _____

Phone: _____

Name & E-mail (person to receive reimbursement):

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, 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): _____