



BIOSAMPLE FOR RESEARCH REQUEST FORM

Date:

A. INVESTIGATOR INFORMATION

Principal Investigator Name	Contact Name (If different than PI)
Title	Title
Email	Email
Phone	Phone
Fax	Fax

List Co-Investigators and their institutions (if different):

Institution Name	
Department Name	
Address 1	
Address 2	
City	State/Province
Country	Zip Code

B. RESEARCH PROJECT

Project Title:
Grant Title (if different):
Principal Investigator on grant (if different):
Grant number and dates:
Funding Source:
Amount of funding (if researcher is at Penn):
IRB approval number and expiration date: **Please attach or fax a copy of the IRB committee approval letter



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e) Database information requested for each sample
 (check all that apply; to be provided if available)

Demographics

- Gender
- Race/ethnicity
- Other; specify:

Clinical

- Age onset (range)
- Clinical diagnosis
- Other; specify:

Neuropathology

- Age death (range)
- PMI
- Neuropath diagnosis
- IHC result(s); specify:
- Other; specify:

Genetics

- APOE genotype
- Family history
- Other; specify:

D. PROJECT SUMMARY:

Please provide a brief (<200 words) abstract with the aims, hypothesis, and research plan of the project in which the samples will be used. Include a justification for the amount/regions/sample type being requested and how the sample will be used. Also provide any relevant references (not part of word limit)

E. PUBLICATION INFORMATION

Is this project likely to lead to publication? Yes No
 If yes, how will UPENN investigators be recognized? (Appropriate acknowledgement as authors in other forms must be agreed upon prior to obtaining samples)

Relevant UPENN grants must be acknowledged.

1. Depending on the requested samples, one or more UPENN grants must be acknowledged in any publication related to the use of these samples.
2. In addition you will be required to provide annual updates on publications, funded grants and other research accomplishments attained using these samples.
3. Finally, you will provide the ADCC/CNDR/Udall with a PDF of any publication(s) using these samples for reporting purposes to the NIH.

Please indicate your agreement to abide by the above statements

- I agree I do not agree; specify concern:

PI Signature: _____

UPENN Signature _____



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To be completed by UPENN staff
 Grant(s) to be acknowledged
 University of Pennsylvania ADCC, AG010124
 Penn Udall Center for Parkinson's Research, NS053488
 FTD PPG?
 Which other grants?

F. FINANCIAL ARRANGEMENTS

Preferred shipping carrier name:
 Shipping carrier account # :
 Proposed plan for cost sharing:

Paraffin-section slide payment information:

*Small numbers of residual paraffin section on glass slides may be available without charge to investigators, but this is uncommon. Hence, following approval of a request for paraffin sections, investigators must contact Ms. Janis Burkhardt by phone (267-426-5410) or email (JBurkhardt@mail.med.upenn.edu) to arrange for the Pathology Core Laboratory Services (PCLS) at Children's Hospital of Philadelphia (CHOP) to prepare the desired number of paraffin sections on a fee for service basis. Once these arrangements are complete, the Penn ADCC/CNDR staff will provide tissue blocks to the PCLS to generate the sections requested. PCLS (<http://stokes.chop.edu/pathcore.html>) and CHOP are financially and administratively independent of the Penn ADCC/CNDR.

G. LEGAL ARRANGEMENTS

A Material Transfer Agreement (MTA) is required for samples sent outside of Penn. Contact: Matthew Merz, MTA Administrator, Tel: 215-573-4505. Website for further information: <http://www.upenn.edu/html/researchservices/materialtransfer/index2.html>

H. DISCLAMIERS

I have read the suggested human tissue and DNA handling precautions summary, and accept full responsibility to insure that proper safe handling techniques are employed when working with human postmortem brain tissue and DNA. However, I understand that the University of Pennsylvania ADCC/CNDR/Udall cannot guarantee that donors were not exposed to or infected with contagious organisms.

Signature of Principal Investigator

Date

PLEASE NOTE:

Requests are filled in the order in which they have been approved. It is the goal of the University of Pennsylvania ADCC, CNDR and Udall brain and DNA bank staff to fill all requests within ~4 weeks of approval, but this may not be possible at times due to periodic requests from NIH project co-investigators for large numbers of samples or a large volume of requests from other investigators. If you have any special time constraints please contact our staff and we will do our best to accommodate the request.

UPENN CONTACTS:

Brain Bank: Kevin Davies, daviesk@mail.med.upenn.edu, 215-662-4474
 DNA/RNA: Vivianna Van Deerlin, vivianna@mail.med.upenn.edu, 215-662-6957



University of Pennsylvania
Center for Neurodegenerative Disease Research, Alzheimer's Disease Core Center &
Udall Center for Parkinson's Research

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Fax completed form to CNDR: 215-349-5909