



**University of  
Pennsylvania**  
Center for Neurodegenerative  
Disease Research  
BIOSAMPLE FOR RESEARCH REQUEST FORM

Penn Alzheimer's Disease Research Center  
Parkinson's Disease and Movement Disorders Center  
Penn Frontotemporal Degeneration Center

**Date of request:**

**A. INVESTIGATOR INFORMATION**

<b>Principal Investigator Name</b>	<b>Contact Name (If different than PI)</b>
<b>Title:</b>	<b>Title:</b>
<b>Email:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Fax:</b>

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

<b>Institution Name:</b>	
<b>Department Name:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	<b>State/Province:</b>
<b>Country:</b>	<b>Zip Code:</b>

**B. RESEARCH PROJECT**

<b>Project Title:</b>
<b>Grant Title (if different):</b>
<b>Principal Investigator on grant (if different):</b>
<b>Grant number and dates:</b>
<b>Funding Source:</b>
<b>Total Grant Amount (direct+indirect) for entire Grant Period:</b>
<b>IRB approval number and expiration date:</b> **Please attach a copy of the IRB committee approval letter



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**C. SAMPLE REQUEST**

**1. Diagnostic criteria for case selection**

Complete details on all criteria that apply

Clinical Diagnosis:
Pathologic diagnosis:
Sex:
Sample type or region:
Post mortem interval:
Age of onset or death (specify):
Other:

**2. Sample type and total number requested** Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Frozen tissue # _____ | <input type="checkbox"/> Plasma # _____        |
| <input type="checkbox"/> DNA # _____           | <input type="checkbox"/> Tissue Slides # _____ |
| <input type="checkbox"/> RNA # _____           | <input type="checkbox"/> Other: _____ # _____  |
| <input type="checkbox"/> CSF # _____           |  |

**3. Detailed description of biosample request**

For each sample type indicate the desired relevant sample characteristics such as amount, size, concentration, fixative, region, source, mutation status etc. in the context of the diagnostic criteria specified above. Rare or highly specific types of cases may not be available.

**4. Database information requested for each sample** (if available)

**Demographics**

- Sex
- Race/ethnicity
- Other; specify:

**Clinical**

- Age onset
- Clinical diagnosis
- Clinical scale; specify:
- Other; specify:

**Other**

- Specify:

**Neuropathology**

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

**Genetics**

- Genetic status (specify gene(s): \_\_\_\_\_)
- Family history
- Other; specify:



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**D. PROJECT SUMMARY (REQUIRED):**

Please provide a brief (<200 words) abstract with the aims, hypothesis, and research plan (including study cohort description and power calculations) 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). IF USING MS WORD ADD NECESSARY SPACE BELOW, OTHERWISE COMPLETE ON SEPARATE SHEET AND ATTACH.

**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 ADRC/CNDR/PDMDC/FTDC 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: \_\_\_\_\_

**F. RETURN OF RAW DATA**

Investigators requesting samples for CSF, plasma, DNA or RNA studies agree to provide all raw genotyping or expression data to CNDR for inclusion in the CNDR Integrated Database for future use by Penn investigators following publication of these data by the requesting investigator.

**Please indicate your agreement to abide by the above statements**

I agree

NOTE: After you give us your data on our samples, we will release subject data you need, and “embargo” these data until you write up your paper or for 6 months.

PI Signature: \_\_\_\_\_



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<b>Grant(s) to be acknowledged</b> <i>(To be completed by UPENN staff)</i>	
<input type="checkbox"/> ADRC, AG072979	<input type="checkbox"/> U19 $\alpha$ -syn, AG062418
<input type="checkbox"/> FTD PPG, AG066597	<input type="checkbox"/> Other _____

**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 the Pathology Core at Children’s Hospital of Philadelphia (<https://www.research.chop.edu/pathology>) to prepare the desired number of paraffin sections on a fee for service basis. Once these arrangements are complete, the Penn ADRC/CNDR staff will provide tissue blocks to the CHOP Pathology Core to generate the sections requested. CHOP and the CHOP Pathology Core are financially and administratively independent of the Penn ADRC/CNDR.

**G. LEGAL ARRANGEMENTS**

A Material Transfer Agreement (MTA) is required for samples sent outside of Penn.  
Email: [doforsmta@pobox.upenn.edu](mailto:doforsmta@pobox.upenn.edu)  
Website for further information: <http://www.upenn.edu/researchservices/materialtransfer/>

**H. DISCLAIMERS**

I have read the suggested human biosample handling precautions summary, and accept full responsibility to insure that proper safe handling techniques are employed when working with human biosamples. However, I understand that the University of Pennsylvania ADRC/CNDR/PDMDC/FTDC 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 PDMDC brain and DNA bank staff to fill all requests expeditiously, 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.

**Email completed form to:**

**Allison Ward, [alward@penmedicine.upenn.edu](mailto:alward@penmedicine.upenn.edu), 215-746-8193**