



University of Pennsylvania
Center for Neurodegenerative Disease Research

Penn Alzheimer’s Disease Core Center
 Parkinson’s Disease and Movement Disorders Center
 Penn Frontotemporal Degeneration Center
 Penn Amyotrophic Lateral Sclerosis Center

BIOSAMPLE FOR RESEARCH REQUEST FORM

Date of request:

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:
IRB approval number and expiration date: **Please attach or fax 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:
Gender:
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.

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

Demographics

- Gender
- 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 ADCC/CNDR/PDMDC 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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Grant(s) to be acknowledged (To be completed by UPENN staff)	
<input type="checkbox"/> ADCC, AG010124	<input type="checkbox"/> Udall Center, NS053488
<input type="checkbox"/> FTD Center, Wyncote Foundation	<input type="checkbox"/> FTD PPG, AG17586
<input type="checkbox"/> ALS PPG, AG032953	<input type="checkbox"/> AG054519 - Nonamnesic AD
<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 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.
Email: doforsmta@pobox.upenn.edu
Website for further information: <http://www.upenn.edu/researchservices/materialtransfer/>

H. DISCLAMIERS

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 ADCC/CNDR/PDMDC 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 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:

Tissue: Kevin Davies, daviesk@mail.med.upenn.edu, 215-662-4474
Plasma, CSF: Allison Ward, alward@pennteam.upenn.edu, 215-746-8193
DNA: Viviana Van Deerlin, vivianna@upenn.edu,
Email completed form to above contacts or fax to CNDR: 215-349-5909