



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:
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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C. SAMPLE REQUEST

1. Diagnostic criteria for case selection

Complete details on all criteria that apply

Clinical Diagnosis:
Pathologic diagnosis:
Gender:
Availability of sample type or region desired:
Post mortem interval:
Age of onset or death (specify which):
Other:

2. Sample type and total number requested

Check all that apply; if >1 sample type requested please clarify in the special instructions section.

<input type="checkbox"/> Frozen tissue # _____	<input type="checkbox"/> Slides # _____
<input type="checkbox"/> DNA # _____	<input type="checkbox"/> Other: _____ # _____
<input type="checkbox"/> RNA # _____	

3. Sample Criteria

Provide description of sample preferences with regard to the relevant criteria for each type requested, and include details of how many of each sample type/region. If needed, provide detailed description of request on separate sheet of paper.

a) Frozen Tissue

Regions	Amount (range) desired by region

b) Nucleic Acid

<input type="checkbox"/> DNA or <input type="checkbox"/> RNA
Minimum concentration acceptable (in ng/ul):
Amount preferred (in micrograms): (Note, due to sample limitations we are not able to fulfil all requests)

c) Slides

Region(s):
Preferred fixative <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Ethanol
Number of unstained slides per region:
Thickness of section:

d) Special Instructions:



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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 (REQUIRED):

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). 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/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: _____

F. RETURN OF RAW DATA

Investigators requesting samples for 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
- I do not agree; specify concern:

PI Signature: _____



University of Pennsylvania
**Center for Neurodegenerative
Disease Research**

Penn Alzheimer's Disease Core Center
Udall Center for Parkinson's Research at Penn
Penn Frontotemporal Degeneration Center
Penn Amyotrophic Lateral Sclerosis Center

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Grant(s) to be acknowledged <i>(To be completed by UPENN staff)</i>	
<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"/> 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. 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: Vivianne Van Deerlin, vivianne@mail.med.upenn.edu, 215-662-6957
Fax completed form to CNDR: 215-349-5909