

NORTHWESTERN ALZHEIMER'S DISEASE CENTER (CNADC)

Eileen H. Bigio, MD, Neuropathology Core Director
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Collaborative Research Form -- Neuropathology Core

NOTE: Please submit completed form with attached copies of your Informed Consent Form and Letter of IRB approval to: Changiz Geula, Ph.D., Director, Tissue Distribution, Northwestern University CNADC, 320 East Superior Street, Searle 11-465, Chicago, IL 60611; phone: 312-503-7210; fax: 312-908-8789; email: c-geula@northwestern.edu. Your request will be considered by the ADC Executive Committee and you will be notified of the committee's action by Dr. Geula.

Title of Study:

Principal Investigator Name:

Telephone:

PI Title:

Name of Institution:

NADC Investigator/Phone/Fax/e-mail:

Other Investigators and Institutions:

Study Dates: Start _____

End _____

Funding Agency:

Brief Abstract (no more than 200 words):

Tissue needed (brain region & type):

(amount):

Circle one:

PARAFORMALDEHYDE-FIXED

FROZEN

Number of samples needed:

Is this study likely to lead to publication? YES NO

Is this study likely to lead to the manufacture of a new chemical or procedure? YES NO

Circle types of information that will be required from the Clinical Core Database:

Demographics

Neurological Exam

Neuropsychological Scores

APOE Status

Medical History

Risk Factors

Caregiver Data

Other (specify)

NADC Executive Committee Decision (to be signed by Eileen H. Bigio, MD, Neuropathology Core Director)

Approved

Denied

Eileen H Bigio MD

Date

Notice: Where the contribution of the NADC is significant, a member of the NADC (collaborator designated on this form) must be included as a coauthor in any publications emanating from this study. When the contribution is minor, all publications that result from the use of tissue from the NADC should acknowledge the Northwestern Alzheimer's Disease Center and the NADC Neuropathology Core. **The level of the NADC contribution is decided by the collaborator designated on this form.**

NOTE: The NIH requires that the grant number be listed when the contribution is acknowledged (NADC grant P30 AG13854).

Wording as follows: Tissue for this study was provided by the Northwestern ADC, P30 AG13854.

We look forward to working with you.

IMPORTANT

Please read and sign the following statement:

I understand that human tissues may harbor disease-causing pathogens (e.g., viral hepatitis, HIV) that may remain undetected even after routine pathological evaluation, and that all human tissues must therefore be considered biohazardous and potentially dangerous. As Principal Investigator on this project, I acknowledge full responsibility to train any of my laboratory staff who might be exposed to this tissue in its proper handling, use, and disposal, and will provide documentation of such training to the NADC upon request. Further, I will not transfer tissue provided to me through the NADC to other investigators without the express permission of the NADC after completion of a Tissue Request Form. I will assume responsibility for any special shipping charges incurred in providing these specimens (e.g., Federal Express). I agree to complete annual requests for progress.

Principal Investigator

Date

IMPORTANT

Please send documentation of the following for this project:

Copy of IRB approval (or exemption) form

Copy of HIPAA approval (or exception) form

Please sign and return a copy of this tissue request