

Collaborative Application Form

Please complete the survey below regarding requested data from the Northwestern Alzheimer's Disease Center.

Thank you!

POLICY FOR AUTHORSHIP, ACKNOWLEDGEMENT, AND DATA SHARING ON COLLABORATIVE PROJECTS

The work that goes into establishing a research-quality diagnosis, and maintaining a resource such as ours, is considerable. The following is our policy regarding collaboration and access to our resources:

1. A copy of any manuscripts and publishable abstracts must be submitted for review by our center Executive Committee prior to submission so that we may determine what Center authorship and attribution is appropriate. We will respond within a week of receipt of the manuscript.
2. The Northwestern Alzheimer's Disease Center must be acknowledged in all publications, abstracts and presentations as follows:
"This study was supported in part by an Alzheimer's Disease Core Center grant (P30 AG013854) from the National Institute on Aging to Northwestern University, Chicago Illinois. We gratefully acknowledge the assistance of the Northwestern Alzheimer's Disease Center and its participants."
3. An annual report will be requested in the beginning of each year, including a list of all abstracts and publications that have emanated from the use of our participants, data or samples.
4. We may request that you share relevant data from your study on our participants to supplement our existing data (e.g., MRI volume and data, genetic testing outcomes, etc.).

We have been very successful in working with collaborators since our inception in 1996. We wish to continue providing valuable resources in a way that strengthens collaboration and also allows us to benefit from the combination of resources. Please do not hesitate to contact Laura Martindale (312-503-5013; laura.martindale@northwestern.edu) if you have any questions. The Northwestern CNADC looks forward to working with you.

Sincerely,

Marsel Mesulam, MD; ADC Director
Eileen Bigio, MD; Neuropathology Core Leader
Darby Morhardt, PhD; Outreach and Education Core
Fred Rademaker, PhD; Data Core Leader
Emily Rogalski, PhD; Neuroimaging Core Leader
Sandra Weintraub, PhD; Clinical Core Leader

I have read and agree to the above collaboration requirements

SIGNATURE OF PI:

COLLABORATOR INFORMATION

Principal Investigator: _____

PI Phone Number: _____

PI Email: _____

Primary Contact for Study (if different from PI): _____

Study Contact Phone Number (if different from PI): _____

Primary Study Contact email: _____

Name of Institution (if not Northwestern): _____

CNADC Collaborator Name: _____

(A faculty member at the CNADC must be designated to assist you with your project. If you have not yet identified a CNADC collaborator, write "TBD" and one will be assigned to you based upon your research question.)

If applicable, please list any other investigators and institutions affiliated with your project:

(Write "none" if this does not apply)

OPTIONAL: Please tell us how you learned about our collaborative research opportunities?

STUDY INFORMATION

Study Title: _____

Briefly describe your project's methods, aims and hypothesis: _____

Which of our resources do you need?

- Human participants for my project (data are available for referred participants)
- This project solely requires data (e.g. diagnosis, neuropsychological testing, imaging data)
- Brain tissue/other tissue (e.g. blood, buffy coat, DNA) (clinical data are available on participants)

RECRUITMENT OF LIVE SUBJECTS

Estimated number of participants needed for study: _____

Is more than one (1) study visit required for participation in your study?

- Yes
 No

Describe the number of visits required: _____

Describe the frequency of study visits: _____

(e.g. one visit a week; one visit a month; one single visit, etc))

Time spent at each study visit: _____

Will subjects be provided compensation?

- Yes
 No

Amount of compensation for participation: _____

Amount of compensation for transportation: _____

Please list study inclusion criteria: _____

(i.e. age 65-80 years old, right handed, diagnosis of Alzheimer's Disease, etc.)

If applicable, please list study exclusion criteria: _____

(i.e. MRI unsafe, other neurological disorders, etc))

Is this a clinical drug trial?

- Yes
 No

If this is a clinical drug trial, then select all that apply:

- Related to CNADC multi-center consortium arrangements
 Of interest to the NU Drug Discovery Program
 Substance not currently available in the Chicagoland area
 Novel application of existing drugs (investigator initiated)

When will you be ready to start recruitment? _____

(e.g. July 2016, 07/01/2016, etc))

When do you anticipate recruitment will end? _____

(e.g. December 2016, 12/01/2016, etc))

TISSUE REQUEST

Tissue needed and amount:

Indicate one (if requesting brain tissue):

- Paraformaldehyde-fixed
- Frozen

Number of samples needed:

CLINICAL CORE DATA

Indicate what type(s) of data you will need, if applicable (If you've also requested human participants for your study, contact information will be provided to you):

- None
 - Participant and/or caregiver demographics
 - Participant health history/family history
 - Neuropsychological test scores
 - Neurological examination data
 - Clinical diagnosis and cognitive status
 - Genetics and biomarkers
 - Neuropathology data
 - Imaging data
- ((Once your collaboration has been approved, you will be invited to provide more specific data needs))

FUNDING AND IRB INFORMATION

Has this study been approved by the IRB?

- Yes
- No
- Pending
- Exempt

What is the project's IRB number (if through Northwestern IRB)?

Proof of exemption or a copy of the IRB Consent form and approval letter (must include HIPAA language) will be required before data are shared. Please upload here if the documentation is available at time of this application:

Is this study likely to lead to publications within two years?

- Yes
- No

Is this a funded study?

- Yes
- No
- Funding Pending

Indicate funding types:

- Federal
- State
- Private foundation
- Institutional

Please list funding agencies:

Funding numbers:

Indicate funding start date:

Indicate funding end date:
