

REQUEST FOR TISSUE SAMPLES

The Layton Aging & Alzheimer's Disease Center, Genetic Research Core

The ADC encourages use of its core facilities and specialty staff. So that we may equitably honor your request, please provide the following information:

- Consent form and Institutional Review Board (human or animal) approval statement
- Study protocol
- Copy of abstract or paragraph summary of intended publication

You will receive notification regarding the status of this request after it has been reviewed and evaluated by the appropriate ADC designated contact(s).

Date of request: _____ Concurrent ADC data request? yes no

Principal Investigator (please attache CV): _____ Phone #: _____

Institutional Affiliation: _____

Co-investigators: _____

Name and purpose of study with clear statement of hypothesis: _____

Sources of support: _____

Subject requirements (e.g. age, sex, diagnosis, test score etc.): _____

Specific type of biological sample (e.g. purified DNA, cell line etc.): _____

Amount per sample required: _____

Receiving instructions (e.g. cell suspension in flask, pelleted cells in centrifuge tubes, frozen pellet in liquid nitrogen etc.): _____

Name and address of person receiving samples: _____

I _____ have read and agree to comply with the Oregon Alzheimer Disease

(Signature of Investigator)

Center Data Use and Authorship Policies. Date: _____

Note: Any publications that result from research involving ADC subjects must include the following acknowledgement:
"This research was supported in part by the Alzheimer's Disease Center NIA Grant P30 AG08017"

ADC Designated Contact Signature: _____ Date: _____

MTA on file: yes no

Data Use Agreement of file: yes no

Date samples delivered: _____ Initials: _____ Date entered in database: _____ Initials: _____