

Public reporting burden for this collection of information is estimated to vary from 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0667). Do not return the completed form to this address.

To submit a request, you will need to complete the form below and click "Submit" at the bottom of the page. Upon submission, you will receive an email detailing part two of the request submission process. Specifically, you will be required to download, sign, and upload a Material Transfer Agreement before the request can be reviewed by NeuroBioBank staff.

For more information, please visit the [Background and Guidance](#) page.
To review the request process, please visit the [NeuroBioBank Request Status Flow](#) page.

For reference, you may view a [Sample NeuroBioBank MTA](#)

The Primary Investigator's (PI) Curriculum Vitae (CV) should be attached to the request below.

* = Required Field

Request Form

Request Name*

Create a nickname for your reference.

Requestor Information

Name*

Address*

Email*

Title

Institution*

Department

Website

Phone*

Fax

Principal Investigator (if different from above)

For purposes of the NIH NeuroBioBank, the PI is the person whose name will appear on the MTA and is recognized by their institution as the senior researcher in the laboratory where the tissue will be utilized.

PI Email

Have you requested tissues from the NIH NeuroBioBank before?

- Yes
 No

Federal Wide Assurance Number:

Support Information

Institution type*

- Academic or Medical Institution
- Non-Profit Organization
- Commercial Organization

Support type*

Other

Support

Supporting Organization

Specimen Shipping Information

Preferred Shipping Carrier

Carrier Acct.

Shipping PO

Lab Contact Email

Shipping address

Note: All specimens will be shipped to the above address. Specimens cannot be shipped to a post office box.

Specimen Needs

<input type="radio"/>	Brain region	Tissue Preservation	Number of Specimens	Minimum volume/mass	Optimum volume/mass
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	Spinal region	Tissue Preservation	Number of Specimens	Minimum volume/mass	Optimum volume/mass
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	Related neural tissue	Tissue Preservation	Number of Specimens	Minimum volume/mass	Optimum volume/mass
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	Fluid type	Tissue Preservation	Number of Specimens	Minimum volume/mass	Optimum volume/mass
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specimen requirements

Describe any additional requirements pertaining to the biospecimens themselves, such as maximum PMI, RIN value, fixative, etc.

Requested Subjects

Total - 0 ([View](#) / [Modify](#))

Subject characteristics

Describe the characteristics of the subjects to be searched for available specimens. Inclusion/exclusion criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.

Request Details

Title of Research Plan*

This field will appear at the top of your MTA.

Describe this request, including a summary of the rationale, main hypothesis and proposed research aims*

A brief overview of your research needs.

Type of assay(s)/ platform(s) to be used*

Describe the assay kit(s)/platform(s) to be used, if applicable.

Rationale for number of biospecimens requested.*

Will the results be used for a commercial purpose?*

- Yes
- No - the results will not be used for a commercial purpose.

A "Yes" response defines this as a "Commercial Purpose" request.

Comments

Attachments 

Acknowledgment

By checking the box below, I agree to acknowledge the NIH NeuroBioBank in any presentation, disclosures, or publications resulting from any analysis conducted on the specimens.*

Checking this is a requirement of request submission.

Submit

Save for Later