

# Request Form

OMB Number 0925-0723  
Exp. Date 7/31/2018

## Request Name \*

Create a short nickname for your reference.

Public reporting burden for this collection of information is estimated to average 15 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 (0925-0723). Do not return the completed form to this address.

## 1. Requestor Information

First Name \*

Last Name \*

Institution \*

Country \*

Department

Address 1\*

Position Title

Address 2

Email \*

Website

City \*

Phone Number \*

Fax Number

State/Province/Region \*

Federal-Wide Assurance Number \*

### 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.

First Name

Last Name

Email

Have you requested tissues from the NIH NeuroBioBank before? \*

- Yes  
 No

## 2. Support Information

Institution Type \*

NIH Institute/Center \*

### Grant Number

Please enter a complete NIH grant number (e.g. 1 R01 CA 123456-01A1). See [Understanding Grant Numbers](#) for more information.

Support Number

Supporting Organization

## 3. Specimen Shipping Information

Use same address as listed above

Country \*

Address 1\*

Address 2

City \*

State/Province/Region \*

Please complete ONE of the following fields: \*

Carrier Account Number

-OR-

We will send shipment label

Lab Contact Email

Preferred Shipping Carrier\*

Shipping Notes

## 4. Tissue Request

At least one complete row from 'Fixed Tissue' or 'Frozen Tissue' is required. Please refer to [Tissue Request Standards](#) when completing specific tissue requests.

### Fixed Tissue

Manner of fixation

Control or Name of Disorder \*

Number of Donors \*

Age Range \*

Sex \*

x Remove

Tissue Type (1 per line) \*

If a suitable option is not available, please type it in and press "Enter" to add it.

Minimum Tissue Size \*

Control or Name of Disorder \*

Number of Donors \*

Age Range \*

Sex \*

x Remove

Tissue Type (1 per line) \*

If a suitable option is not available, please type it in and press "Enter" to add it.

Minimum Tissue Size \*

+ Add Control or Disorder

### Frozen Tissue

Control or Name of Disorder \*

Number of Donors \*

Age Range \*

Sex \*

x Remove

Tissue Type (1 per line) \*

If a suitable option is not available, please type it in and press "Enter" to add it.

Minimum Tissue Size \*

Control or Name of Disorder \*

Number of Donors \*

Age Range \*

Sex \*

x Remove

Tissue Type (1 per line) \*

If a suitable option is not available, please type it in and press "Enter" to add it.

Minimum Tissue Size \*

+ Add Control or Disorder

## Subject/Specimen Requirements

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

## 5. Requested Subjects

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

## 6. 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.

Have you used the proposed methods with human post-mortem tissue? \*

- Yes  
 No

Is this a pilot study? \*

- Yes  
 No

Rationale for number of biospecimens requested \*

Will the results be used for a commercial purpose? \*

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

- Yes  
 No

Comments

## 8. Attachments

Please submit any related attachments below. After selecting a file, specify the requirements fulfilled by the attachment and specify a file description. **Click the "Attach" button to add the file to your overall Request.** Repeat the process for additional files. For more assistance, view the [attachment instructions](#).

Select a file:

Attached Files

No files have been attached.

Optional Description of file:

Attach

## 8. Acknowledgment

By checking the box below, I agree to acknowledge the NUH 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