

Submit a Request for Tissue Samples

- Planning the Request, Completing the Form, Tissue Needs

OMB Control Number: 0925-0723 Expiration Date: 10/31/2024 Public reporting burden for this collection of information is estimated to vary from 15 minutes per response...

Planning Your Tissue Request

- If you are not sure precisely what tissue, tissue regions, or quantities are best for your research project, please submit a request for help to the NIH NeuroBioBank before completing the on-line request. The more restrictive your subject characteristics, the less likely a brain bank will have tissue that meets your requirements...

Request Form

* indicates required field

Request Name *

Create a nickname for your reference

Text input field for Request Name

1 Requestor Information

Form for Requestor Information including fields for First Name, Last Name, Institution, Country, Department, Address 1, Position Title, Address 2, Email, Website, City, Phone Number, Fax Number, State, Zip/Postal Code, and Federal-Wide Assurance Number.

Principal Investigator (Please only complete if different than person listed 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.

Form for Principal Investigator details including First Name, Last Name, and Email.

Have you requested tissues from the NIH NeuroBioBank before? *

- Yes, No

2 Research Funding Information

The NIH RePORTER tool can be used to search for active NIH Funding by Principal Investigator and other variables.

Is the research related to this request supported by funding from the National Institutes of Health? (NIH Extramural Grant, Cooperative Agreement, Contract or NIH Intramural Research) *

- Yes, No

Funding Institution Type *

Dropdown menu for Funding Institution Type

Form for Award Number and Funding Organization

Form for Name of Funding Agency

3 Specimen Shipping Information

Use same address as listed above

Form for Specimen Shipping Information including Country, Address 1, Address 2, City, State/Province/Region, Zip/Postal Code, Carrier Account Number, Lab Contact Email, and Preferred Shipping Carrier.

Shipping Notes

Text area for Shipping Notes

4 Requested Specimens

Specimen Replacements

The NeuroBioBank may provide replacement specimens (if available) for any specimens that are denied in your original request. To help in selecting appropriate replacements, please complete the two fields below.

Provide the criteria that you would prefer for your selected specimens to possess.

For instance, list your preferences for age range, PMI, RIN, neuropathological findings, such as Braak staging, etc. If requesting control specimens, please explain which parameters must be matched (e.g., age, sex, etc.). Also state which criteria should be followed more strictly and which can be followed more loosely.

Inclusion Criteria *

Text area for Inclusion Criteria

Provide the criteria that you would prefer for your selected specimens to NOT possess.

Be specific if you have preferences against co-morbidities (e.g., cancer, depression, substance abuse, etc.). Also state which criteria should be followed more strictly and which can be followed more loosely.

Exclusion Criteria *

Text area for Exclusion Criteria

Mass Change for Amount Requested

- All Specimens, By Brain Region

Form for Mass Change for Amount Requested

Edit Requested Specimen(s)

5 Request Details

Title of Research Plan *

This field will appear at the top of your MTA.

Text input field for Title of Research Plan

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

A brief overview of your research needs.

Text area for Research Description

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

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

Text area for Assay/Platform Information

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

- Yes, No

Is this a pilot study? *

- Yes, No

Rationale for biospecimens requested *

Please provide a detailed explanation for your specimen selection (section 4, above). This will help process your request more quickly and ensure the selection of appropriate specimens.

Text area for Rationale for biospecimens requested

Will the results be used for a commercial purpose? *

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

- Yes, No

Comments

Text area for Comments

NeuroBioBank Data Sharing

Researchers conducting studies using NeuroBioBank specimens are required to share their data following the Findable, Accessible, Interoperable, and Reusable (FAIR) guidelines of NIH Data Management and Sharing policy.

Please attach a CV for the Principal Investigator. *

When you attach the file, please make sure the Document Type is set to "Principal Investigator CV"

We also encourage uploading any additional supporting documentation that is relevant to your tissue request. Uploading supporting documentation for your rationale, power analysis, etc. may improve request review times.

Attach Files

Table with columns: File, Size, Remove. Row: NeuroBioBank Image Repository Instructions.pdf, 1.2 MB, Remove

Document Type

Dropdown menu for Document Type with options: Principal Investigator CV, Power Analysis, Rationale Supporting Documentation, Images, Other Documentation

Buttons: Submit, Save For Later