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, 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.

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 Request Form requires you to provide a **detailed** rationale for 1) number of subjects requested, 2) amount of tissue requested per subject, and 3) number of brain regions requested. Please see the Acceptable Tissue Amount Guidelines to plan your request.
- The more restrictive your subject characteristics, the less likely a brain bank will have tissue that meets your requirements. Ensure that any restrictions you place on subject characteristics (e.g., postmortem interval (PMI), RNA Integrity Number (RIN), age range) are necessary for your study to be valid.
- If you have not performed a pilot study in human tissue, your first request should be for tissue to perform a pilot study using your proposed methods.

Request Form

* indicates required field

Request Name *
Create a nickname for your reference

1 Requestor Information

First name | **Last name** | **Institution**

Country *

Department

Address 1 *

Position Title

Address 2

Email | **Website**

City *

Phone Number * | **Fax Number**

State * | **Zip/Postal Code** *

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.

First Name | **Last Name** | **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 *
NIH Funded Research

Award Number | **Funding Organization**

Name of Funding Agency *

3 Specimen Shipping Information

Use same address as listed above

Country *

Address 1 *

Address 2

City *

State/Province/Region * | **Zip/Postal Code** *

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 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. Having less strict requirements will allow for a wider range of available specimens.

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. Having less strict requirements will allow for a wider range of available specimens.

Exclusion Criteria *

Mass Change for Amount Requested
- All Specimens
- By Brain Region

Submit

Edit Requested Specimen(s)

5 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 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.

Will the results be used for a commercial purpose? *
A "Yes" response defines this as a "Commercial Purpose" request.
- Yes
- No

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. Researchers are strongly encouraged to submit genomic and/or transcriptomic data generated from NeuroBioBank specimens to the NeuroBioBank Data Repository in NIMH Data Archive.

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

File	Size	Remove
NeuroBioBank Image Repository Instructions.pdf	1.2 MB	Remove

Document Type

- Principal Investigator CV
- Power Analysis
- Rationale Supporting Documentation
- Images
- Other Documentation

Attac

Cho

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Submit | Save For Later