Request Form

** indicates required field*

Request Name *

Create a nickname for your reference

1 Requestor Information

First name

Suhani

Last name

Mohapatra

Institution

BITS

Country *

United States of America

Department

Address 1 *

171 Elden St

Position Title *

Address 2

Email

smohapatra@b-itsinc.com

Website

City *

Herndon

Phone Number *

9084568788

Fax Number

State *

VA

Zip/Postal Code *

20170

Federal-Wide Assurance Number

FWA67543219

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

3 Specimen Shipping Information

For international shipments, please make sure to have all necessary documentation in order according to your country policies to avoid delays and or tissue hold up at customs.

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

BRAIN REGION:	TISSUE TYPE:	PREPARATION:	REPOSITORY:	SUBJECT ID:	AGE:
Insular cortex	Brain	Frozen	Harvard	S19746	89+ years, 0 days
CLINICAL BRAIN DIAGNOSIS: Alzheimer's disease with late onset					AMOUNT REQUESTED: *

BRAIN REGION:	TISSUE TYPE:	PREPARATION:	REPOSITORY:	SUBJECT ID:	AGE:
Dorsolateral Prefrontal cortex (Brodmann area 9)	Brain	Formalin Fixed	Sepulveda	6603	68 years, 0 days
CLINICAL BRAIN DIAGNOSIS: Other frontotemporal neurocognitive disorder					AMOUNT REQUESTED: *

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

Will the results be used for a commercial purpose? *

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.

Required Documents — Full Study Request

Power Analysis * REQUIRED

Choose File

Principal Investigator CV * REQUIRED

Choose File

Rationale Supporting Documentation * REQUIRED

Choose File

We also encourage uploading any additional supporting documentation that is relevant to your tissue request under "Other Documents" below.

Comments

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Other Documents

Choose File

You may upload the following file types: txt, pdf, doc, docx, xls, xlsx, csv

Submit Save For Later