University of Kentucky

BIOSPECIMEN REQUEST APPLICATION

Alzheimer's Disease Center
at the Sanders-Brown Center on Aging

Linda Van Eldik, PhD, Alzheimer's Disease Center Director
Peter Nelson, MD, PhD, Neuropathology Core Director
Sonya Anderson, Brain Bank Coordinator

105C Sanders-Brown Building
800 S. Limestone Street
Lexington, KY 40536-0230
Phone: (859) 218-3862
Fax: (859) 257-4665

De-identified human brain tissue, blood and/or CSF will be supplied. Funding source and period of grant support is REQUIRED by NIA. A copy of signed IRB approval (or exception) document and a copy of HIPAA approval (or exception) document are REQUIRED. Letter of agreement for the transfer of material is REQUIRED. ACKNOWLEDGE the UK ADC NIA P30-AG028383 in publications. Provide reprints when available. ***Note: Please submit completed from with attached copies of IRB approval and HIPAA approval to Peter Nelson, MD, PhD at the above address.***

Submission Date: _____

Principal Investigator:_____ **Affiliation**: _____

Lab Contact Person: _____

Phone:_____ **Email**: _____

Funding Source (NIH etc): _____

Grant Number (P50 AG12345 etc):_____

Period of Funding (May 2011-April 2016 etc):_____

Budget (entire funding period): _____

IRB Number (Univ of KY) or attach approval document: _____

All Co-Investigators Names and Affiliations:

Co-Investigator:	**Affiliation:**
_____	_____
_____	_____
_____	_____

Laboratory Shipping Address:

_____
_____
_____
_____

FedEx Account (shipping cost only) #:_____

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Human Tissue Handling Risks & Safety Precautions Statement

This notice is to inform you that samples from the UKADC may be fresh human tissue (e.g. brain, blood, and CSF). Working with postmortem human brain tissue carries the potential risk of exposure to infectious diseases. All human brain tissue should be treated as a potential contamination risk for certain diseases and should be handled with extreme care. It is recommended that **Universal Precautions** be followed when working with postmortem human brain tissue irrespective of the tissue preparation method. The UKADC does not knowingly distribute infectious tissue. The UKADC, however, cannot guarantee that any of the donors of brain specimens were not exposed to or carried potentially infectious agents. Ultimately, it is the responsibility of the recipient investigator to ensure that all laboratory staff while handling postmortem human brain tissue employs proper techniques.

THE HUMAN TISSUE WILL BE PROVIDED WITHOUT ANY WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ON ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER RIGHTS, OR THAT THE MATERIALS WILL NOT POSE A HEALTH OR SAFETY RISK.
The Recipient shall assume all liability for claims for damages against it by third parties that may arise from its use, storage, or disposal of the human tissue.

Please Read and Sign the Following Statement:

I (the Principal Investigator) have read the Human Tissue Handling Risks & Safety Precautions Statement, and understand and accept full responsibility to ensure that proper and safe handling techniques are employed in my laboratory when working with postmortem human brain tissue.

By signing this form, I acknowledge that I understand the above information and release the UKADC and all its personnel of any liability.

Principal Investigator (Print Name): _____

Principal Investigator's Signature:_____Date_____

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University of Kentucky Brain Bank User Agreement

Please Read And Sign The Following Statements:

I, (the Principal Investigator), understand that the UKADC will disperse postmortem human brain tissue to my laboratory for this research project only. I must request permission in writing, for any additional studies that may use any tissue received from this request. I acknowledge that this tissue has been dispersed for my expressed use only; I will exercise a good faith effort to keep control over such tissue, and will not distribute any samples or fractions of samples to other investigators without expressed permission of the UKADC. I acknowledge that providing any amount of tissue sample to colleagues, other investigators, or other laboratory facilities is specifically prohibited without expressed permission from the UKADC. I will direct all such requests for tissue inquiries to the UKADC.

I agree to use the human brain tissue in a safe manner and in compliance with all applicable laws and regulations, including National Institutes of Health guidelines. I warrant that I have obtained any Institutional Review Board or Ethics Committee approval required for the use of human brain tissue.

I agree to provide specific acknowledgement of the **UK ADC** and its NIH grant number **(NIA P30 AG028383)** in any publications related to the use of these tissue samples and provide reprints when available. If the UK ADC has reason to believe that you or other members of your research group have not complied with this user agreement, the violation will be reviewed by our Research Review Committee and a range of options will be considered including the immediate suspension of any further tissue distribution to you in the future, and/ or lesser alternative sanctions.

Principal Investigator (Print Name): _____

Principal Investigator's Signature:_____Date: _____

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MATERIAL TRANSFER AGREEMENT:

The University of Kentucky will provide a material transfer agreement based on the NIH "Simple Letter Agreement" to document this transfer"

This is REQUIRED by the National Institute on Aging.

PROJECT TITLE: _____

Attach Abstract (100 – 250 words):

Tissue requested:

1) Type of sample: **Brain tissue** ☐

Blood:
Serum ☐
Buffy Coat ☐
Plasma-EDTA ☐
Plasma-Heparin ☐

CSF ☐

2) Method of Preparation:
Frozen ☐
Formalin Fixed ☐
Paraffin embedded Slides ☐

3) Number and Type of Cases required:
Control
AD_____Braak Stage (e.g. V, VI)
MCI _____
FTD _____
Other: (Specify what neuropathologic diagnosis)

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4) Subject's Demographics: **Age range** _____

Gender _____

5) Maximum postmortem interval:

6) Specific areas and quantity per case:

Site (e.g. frontal cortex)	Quantity (grams, mLs)	# of sections (e.g. 5 sections per block)

7) Additional concerns or variables to consider:

ALL REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE UK ADC EXECUTIVE COMMITTEE.