

DATA REQUEST FORM

800 S. Limestone Lexington, KY 40536 Phone: (859) 323-5550

Linda Van Eldik, PhD, Director, Alzheimer's Disease Research Center Erin Abner, PhD, Co-Director, Data Management and Statistics Core David Fardo, PhD, Co-Director, Data Management and Statistics Core

De-identified or limited data sets will be supplied upon approval of the Executive Committee unless the request is accompanied by an already approved request for brain tissue or biospecimen.

<u>Data Use Agreement</u>: Data is provided under a data use agreement: If these data are used for an abstract, a manuscript, or a grant application, then the requester will notify the Data Management and Statistics Core. Also, the data is not to be shared with any other party regardless of that party's intentions. Violation of this agreement may lead to the denial of future data requests.

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I have read and understand the above policy: \Box (check mark required)			
Note: Please submit completed form to Erin	Abner, PhD (erin.abner@	Duky.edu)	
Submission Date: Affiliation: IRB Number:	Principal Investig Phone:	ator: Email:	
This request is made for the following purp	pose(s) (check all that ap	ply)	
Grant research - Funding Agency:	Gr	Grant Number:	
Grant submission			
Manuscript			
Pilot Study - Funding Agency:			
Mailing List			
Recruitment			
Abstract - Conference or Presentation-	Specify:		

Briefly describe the data request:

Other - Specify: