

## DATA REQUEST FORM

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*Linda Van Eldik, PhD, Director, Alzheimer's Disease Center*  
*Dick Kryscio, PhD, Data Management and Statistics Core Director*  
*Timothy Shannon, Data Base Manager*

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.

Data Use Agreement: 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.

I have read and understand the above policy:  (check mark required)

**Note:** Please submit completed form to Dick Kryscio, PhD ([Kryscio@email.uky.edu](mailto:Kryscio@email.uky.edu))

**Submission Date:**  
**Affiliation:**  
**IRB Number:**

**Principal Investigator:**  
**Phone:** **Email:**

This request is made for the following purpose(s) (check all that apply)

Grant research - Funding Agency: Grant Number:  
Grant submission  
Manuscript  
Pilot Study - Funding Agency:  
Mailing List  
Recruitment  
Abstract - Conference or Presentation- Specify:  
Other – Specify:

Briefly describe the data request: