

DUKE KATHLEEN PRICE BRYAN BRAIN BANK & BIOREPOSITORY

Tissue Request Form

Samples available for request from the Duke Kathleen Price Bryan Brain Bank and Biorepository (Duke BBB) include human brain tissue, CSF, and DNA from de-identified subjects. All tissue requests will be reviewed by the research review committee. Approved proposals will be subject to a sample services accession fee. Investigators must provide an active funding source/sponsor and demonstrate IRB approval for the use of human postmortem tissue. Material Transfer Agreements must be fully executed before tissue is sent to the recipient institution. Additionally, any publications or presentations utilizing Duke BBB samples must acknowledge the Duke BBB Alzheimer's Disease Research Center grant: NIA P30 AG028377 and provide a copy of the article when accepted for publication. The investigator is responsible for covering all sample accession and shipping costs.

Please send the completed Tissue Request Form to John F. Ervin:
(john.ervin@duke.edu).

SUBMISSION DATE: _____

PRINCIPAL INVESTIGATOR (PI): _____

PI EMAIL: _____

PI INSTITUTION: _____

LAB CONTACT (if not PI): _____

PHONE: _____

EMAIL: _____

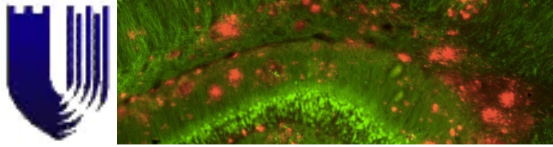
FUNDING SOURCE (NIA etc): _____

GRANT NUMBER (P50 AG12345 etc): _____

PERIOD OF FUNDING (date range) : _____

IRB REGISTRATION NUMBER AND APPROVAL DOCUMENT: _____

LABORATORY SHIPPING ADDRESS:



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Human Tissue Handling Risks & Safety Precautions Statement

This notice is to inform you that the samples from the Duke BBB may be of fresh human tissue (e.g. brain, spinal cord, 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 method to tissue preparation. The Duke BBB does not knowingly distribute tissue known to be infectious. The Duke BBB, however, does not guarantee that any of the donors of brain specimens were not exposed to or infected by potentially infectious agents. Ultimately, it is the responsibility of the recipient investigator to insure 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 UPON 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 which may arise from its use, storage or disposal of the human tissue.

Please Read and Sign the Following Statement:

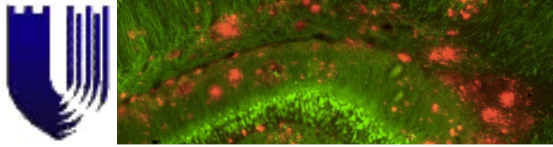
I (the Principal Investigator) have read the Human Tissue Handling Risks & Safety Precautions Statement, and I understand and accept full responsibility to insure that proper and safe handling techniques are employed in my laboratory when working with postmortem human brain tissue.

By signing this form, you signify that you understand the above information and release the Duke BBB and all its personnel of any liability.

Principal Investigator (Print Name): _____

Principal Investigator's Signature:

Date_____



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Duke Kathleen Price Bryan Brain Bank User Agreement

Please Read And Sign The Following Statements:

I, (the Principal Investigator), understand that the Duke BBB will disburse postmortem human brain tissue to my laboratory for this research project only. I must request permission in writing, for any additional studies that may utilize any tissue from this request. I acknowledge that this tissue has been disbursed for my expressed use only; I will exercise a good faith effort to keep control over such tissue, and that I will not distribute any samples or fractions of samples to other investigators without expressed permission of the Duke BBB. 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 Duke BBB. I will direct all such requests for tissue inquires to the Duke BBB.

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 the human brain tissue.

I agree to provide specific acknowledgement of the Bryan ADRC and its Federal grant number (NIA P30 AG028377) in any publications related to the use of these tissue samples and provide a copy of the article when accepted for publication. If the Bryan ADRC 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.

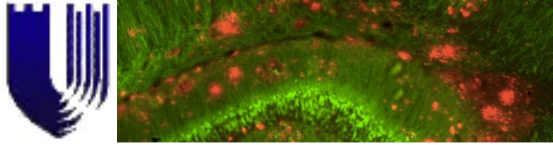
Principal Investigator (Print Name): _____

Principal Investigator's Signature: _____

Date _____

MATERIAL TRANSFER AGREEMENT:

Duke will provide a material transfer agreement based upon the NIH "Simple Letter Agreement" to document this transfer, as required by the National Institute on Aging.

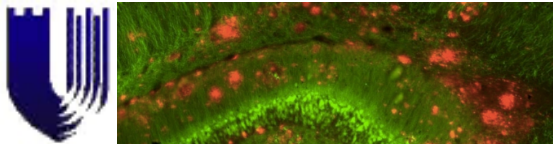


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PROJECT TITLE:

PROJECT DESCRIPTION (500 words)

The project abstract should include the following: (1) a brief description of the project with specific aims; (2) justification for why our human samples are required for your project; (3) description of the methodologies that will be used on the samples; (4) approximate amounts of sample required.



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REQUEST PARAMETERS:

1) Diagnosis and Number of Cases required:

Control, AD (Braak stage III, IV, V, VI), Other neuropathologic disorders
Please specify diagnostic subtype, if applicable, or provide additional diagnostic requirements in the comments section.

Diagnosis	Diagnosis Subtype	Number requested	Comment

2) Demographic Parameters:

Age range (years): minimum = ____ maximum = ____

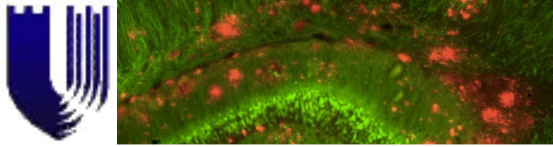
Gender _____

Postmortem Interval Range (in hours): minimum = ____ maximum = ____

3) Cerebrospinal Fluid (CSF) or DNA Requests:

Please specify which type is requested, volumes/concentrations required, and add any other additional parameters in the comments section.

Sample (CSF or DNA)	Quantity (concentration & volume of DNA; volume of CSF)	Comment



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4) Specific brain regions and the amount of sample required per sample to conduct proposed research. Please provide additional sample information as needed in the comment section.

Brain Region	Subregion	Preservation	Quantity

Other Brain Regions	Subregion (if applicable)	Preservation	Quantity

5) Additional concerns or variables to consider:

FedEX Account #: _____ (for shipping cost only)

**ALL REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE BRYAN
ADRC RESEARCH REVIEW COMMITTEE.**