Record ID: Date Received: Staff Initials:

CARROLL A. CAMPBELL, JR.
Neuropathology Laboratory
At The Medical University of South Carolina

Biospecimen/Data Request From

Email completed request form to
ccnl-request@musc.edu

Date Submitted: _____

PI First Name: _____ **PI Last Name:** _____

Email: _____ **Phone Number:** _____ **Fax Number:** _____

Primary Affiliation: ☐ MUSC ☐ Other Institution: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Principal Investigator's Sex: ☐ Male ☐ Female ☐ Prefer not to answer

Principal Investigator's Race:

☐ African American
☐ American Indian/Alaska Native
☐ Asian/Pacific Islander
☐ White
☐ Other: _____
☐ Prefer not to answer

Principal Investigator's Ethnicity: ☐Hispanic ☐Not Hispanic ☐Prefer not to answer

Are you formally affiliated with the South Carolina Alzheimer's Disease Research Center?
☐ Yes ☐ No

Are you affiliated with any other NIA-funded Alzheimer's Disease Research Center?
☐ Yes ☐ No

Co-Investigators (name and institution):

171 Ashely Avenue, MSC 908, Charleston, SC 29425
Phone: 843-792-7867 **Fax:** 843-792-9447 **Email:** ccnl@musc.edu

Funding Source:

☐ Federal ☐ Agency

☐ Non-federal ☐ Other: _____

☐ Unfunded ☐ None

Funding Agency: _____ **Grant Number:** _____

Funding Period: _____ **Total Award Amount:** _____

This is a: ☐ Pilot Project ☐ Research Study

Project Title: _____

Project Summary:

State the broad, long-term objectives of the project.

Specific Aims:

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Background and Significance of Research:

Explain the importance of the problem in the field that this project addresses. Please include references if applicable

Approach:

Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project.

Plan to submit funding application:

Discuss any plans to use data obtained from the project to support future funding applications. If no plans, indicate "not applicable".

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Status of PI's IRB:

☐ Approved ☐ In Process

☐ Exempt ☐ Not Required

☐ Not Human Research

IRB Approval/Protocol Number: _____ IRB Approval Date: _____

Current IRB approval/documentation must be submitted along with this request form

Current IRB approval/documentation must be addressed to the PI

This request is for: ☐ Biospecimens ☐ Data ☐ Both

Specify the type of data being requested:

Type of Sample:

☐ Brain ☐ Olfactory Bulb

☐ Temporal Bone ☐ CSF

☐ Eye ☐ Blood

☐ Dural Sinus ☐ Vitreous Humor

☐ Nasal Epithelium ☐ Aqueous Humor

☐ Skin ☐ Other: _____

Method of Preparation: ☐ Frozen ☐ Fixed

Subject Age Range and Sex:

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Subject Race:

☐ African American
☐ American Indian/Alaska Native
☐ Asian/Pacific Islander
☐ White
☐ Other: _____
☐ No Preference

Types of Cases Requested:

☐ Alzheimer's Disease
☐ Early Onset Alzheimer's Disease
☐ Late Onset Alzheimer's Disease
☐ Dementia
☐ Frontotemporal Dementia
☐ Parkinson's Disease
☐ Lewy Body Disease
☐ Amyotrophic Lateral Sclerosis (ALS)
☐ Multiple Sclerosis (MS)
☐ Multiple System Atrophy
☐ Corticobasal Degeneration
☐ Vascular Dementia
☐ Mild Cognitive Impairment
☐ Progressive Supranuclear Palsy
☐ Huntington's Disease
☐ Mixed Dementia
☐ Chronic Traumatic Encephalopathy
☐ Control
☐ Other: _____
_____

Number of Each Case Type Requested:

Specific Areas Requested:

☐ Frontal
☐ Temporal
☐ Parietal
☐ Occipital
☐ Amygdala
☐ Hippocampus
☐ Basal Ganglia
☐ Thalamus
☐ Cerebellum
☐ Substantia Nigra
☐ Pons
☐ Medulla
☐ Other: _____
_____
_____

Quantity of Tissue:

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Other Specifications:

Note: Grant support for the brain bank may be requested of new grants with large or complex sample requests.

For investigators outside of MUSC, please provide the following:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Shipping Carrier: _____

Shipping Carrier Account Number: _____

Note: A Material Transfer Agreement is required for all sample requests from investigators outside of MUSC.

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Publication Information

Is this project likely to lead to publication: ☐ Yes ☐ No

The Carroll A. Campbell, Jr. Neuropathology Laboratory (CCNL) requires investigators to:

1. Provide acknowledgement of the Carroll A. Campbell, Jr. Neuropathology Lab at the Medical University of South Carolina in any publication related to the use of this tissue sample. Specific citation of the contribution of the Campbell Lab will be included in both the methods section and the acknowledgement section of the manuscript.
2. Provide annual updates on publications, funded grants and other research accomplishments attained using these samples.
3. Provide the CCNL with a PDF of any publication(s) using these samples for reporting purposes.

Please indicate your agreement to abide by the above statements.

☐ I agree

☐ I do not agree; specify concern: _____

_____

PI Signature: _____ **Date:** _____

Return of Raw Data

Investigators requesting tissue or fluid samples for studies agree to provide all raw genotyping or expression data to the Carroll A. Campbell, Jr. Neuropathology Laboratory for inclusion in the CCNL database for future use by investigators following publication of these data by the requesting investigator.

Please indicate your agreement to abide by the above statements.

☐ I agree

☐ I do not agree

Note: After we receive the data on the samples provided, we will 'embargo" these data until you write your paper or for up to 6 months.

PI Signature: _____ **Date:** _____

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Single User Agreement

As the investigator of record, I acknowledge that the Carroll A. Campbell, Jr. Neuropathology Laboratory has distributed postmortem human tissue to me for research purposes only. I understand that this tissue is for my expressed use only. I agree that I will not distribute any samples, or portions of samples that I have been given to other investigators without the expressed written permission of the Campbell Laboratory.

PI Signature: _____ **Date:** _____

Human Tissue Handling Risks & Safety Precautions Agreement

Postmortem Human tissue is potentially infectious. Universal precautions must be followed when working with postmortem human tissue regardless of the method of tissue preparation.

Precautions include double gloving, wearing protective garment, face or eye protection, and appropriate washing of instruments and working areas.

All waste is biohazard and must be disposed of according to your institution's policy for handling biohazard material.

Any laboratory staff member who will be handling postmortem human tissue must be trained in the proper methods of handling these specimens.

We do not intentionally distribute tissue known to be infectious unless specifically requested for a particular research project. However, we cannot guarantee that any postmortem human tissue is free of transmittable infectious agents.

Therefore, the investigator of record holds the responsibility to ensure all individuals working with postmortem human tissue use proper safety precautions.

As the investigator of record, I understand the regulations stated above and I accept full responsibility to ensure that safe handling techniques are followed in my laboratory when working with postmortem human tissue. I also accept the responsibility to train staff members in the approved techniques for handling these tissues.

PI Signature: _____ **Date:** _____

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