

## ABC Tissue Request Form

Requester:	Working Title of Request:
Email:	Phone Number:
Date Tissue Request Submitted:	Optimal Date of Tissue Receipt:

- 1. Has initial approval been received from Dr. Schoonover and Dr. Dwivedi?**

Yes	No
-----	----

- 2. Briefly describe the scientific premise and goals of planned studies:**

- 3. Briefly describe the proposed methods and dependent measures for planned studies:**

- 4. Is the goal of the planned studies to generate preliminary data for grant application? If so, please describe the grant mechanism, and all anticipated ABC and outside collaborators:**

- 5. If already known, please provide HUNUMs and DIAGCATs below. Otherwise, skip to question 6:**

HUNUM	Diagnostic Category	N

6. Complete the table below, detailing the diagnostic categories of requested subject groups, the requirements for each diagnosis to be present or in remission at time of death (ATOD), and number of subjects per group:

Diagnostic Category	Diagnostic Time Course ATOD	N

7. Detail subject inclusion criteria. Leave blank any variables that are not required for experimental pilot study consideration:

- a. Tissue Availability:

Fixed	Frozen	Both
-------	--------	------

- b. Brain Region Availability:

- c. PMI Range:

- d. RIN Range:

- e. pH Range:

- f. Age Range:

- g. Sex:

Male	Female	Intersex
------	--------	----------

- h. Race:

8. Detail subject exclusion criteria. Leave blank any variables that are not required for experimental pilot study consideration.

**9. Briefly describe the matching approach for criteria:**

**10. Brain regions requested for experimental pilot study:**

**11. Requested Tissue parameters:**

**12. Drug History:**

**13. Requested amount of tissue. (Size of block, sections, ect.):**

**14. Identify the funding source for the project, or the projected funding source if tissue is needed for a pilot study:**

**15. Estimated tissue preparation costs:**

**Primary Investigators Signature:**

**Requestors Signature:**