

XDP BRAIN BANK REQUEST FOR HUMAN TISSUE

Principal Investigator Information

Requested by:			Date:	
	<i>PI full name and degree</i>	<i>Title</i>		

Address:				
	<i>Institution name and street address</i>			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
	<i>Phone</i>	<i>Fax</i>	<i>Email</i>	

Project Information

Project Title:	
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Please provide a lay summary of the project (100 to 300 words)	
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Project funding:	CCXDP <input type="checkbox"/>	OTHER <input type="checkbox"/>	If "other" please specify funding source:	
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Project funding period:	From:		To:	
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Does project currently have IRB/ethics approval for use of human brain tissue?	
	<i>Please attach a copy of approval letter from institutional review committee</i>

Experimental Objectives

Please provide a technical description of the experiment(s) to be performed on human brain tissue, indicating: (a) scientific rationale; (b) anticipated outcomes; (c) techniques to be used; and (d) methods of quantitation/statistical analysis. Please describe the experience of the investigative team with these techniques and the extent to which they have been validated in human brain tissue. Please demonstrate access to human control tissue.

Requested Tissue

Please specify the number of brains from which samples are requested:		
	XDP	Control (if available)

Please indicate the specific regions requested from each brain:	
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Format of requested samples:	Slides with mounted fresh frozen tissue sections <input type="checkbox"/>	Vials of tissue for DNA, RNA, protein, or chromatin extraction <input type="checkbox"/>
	Number of slides requested per region	Approximate amount of tissue requested per vial (g)

Please provide a justification for the number of samples requested for this project. Where appropriate, please include a power analysis as part of your justification.	
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Please describe any additional requests regarding how tissue samples are processed:	
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Principal Investigator Assurances

Single User Agreement

I, (the Principal Investigator), acknowledge that the XDP Brain Bank will disburse postmortem human 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 understand that this tissue has been disbursed for my expressed use only, that 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 prior written permission from the XDP Brain Bank. I acknowledge that providing any amount of tissue samples to colleagues, other investigators, or other laboratory facilities is specifically prohibited without permission from the XDP Brain Bank. I will direct all such requests for tissue to the XDP Brain Bank.

PI Name (print):		Date:	
Signature:			

Human Tissue Handling Risks and Safety Precautions Statement

I, (the Principal Investigator), understand that all postmortem human tissue is potentially infectious. The XDP Brain Bank will not knowingly distribute tissue known to be infected, but it does not guarantee that donors of brain specimens were not exposed to or infected by potentially infectious agents. It is the responsibility of the recipient investigator to ensure that all laboratory staff observe **Universal Precautions** and proper laboratory techniques while handling postmortem human brain tissue. Precautions include double gloving, wearing protective garments, face or eye protection, and appropriate handling and cleaning of instruments and work areas. Waste is biohazardous and must be disposed of according to the recipient's institutional procedures.

As the investigator of record, I understand the regulations described above and accept responsibility for ensuring that all laboratory staff are sufficiently trained and observe appropriate procedures when handling postmortem human brain tissue.

PI Name (print):		Date:	
Signature:			

Acknowledgement Agreement

I, (the Principal Investigator), agree that all publications utilizing XDP Brain Bank tissue samples will acknowledge the XDP Brain Bank and funding provided by the Collaborative Center for X-Linked Dystonia Parkinson (CCXDP). A copy of each article utilizing XDP Brain Bank specimens will be provided to the Bank at the time it is accepted for publication.

PI Name (print):		Date:	
Signature:			