

Tissue Resource Application

Please attach a protocol of your study, including Hypothesis, Specific Aims, Research Methods, etc.. Application and supporting documents can be sent to UMHSbrainbank@med.umich.edu, or Michigan Brain Bank, North Ingalls Building, 400 N. Ingalls St., Room G179, Ann Arbor, MI 48109-5482. Inquiries can be made at (734) 647-7648.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Institution: _____ Fax: _____

Mailing Address: _____

Email Address: _____

Title of Application: _____

Funding Agency: _____ Funding App. Deadline: ___ / ___ / ___

Grant Number: _____ Total Direct Costs: _____

Project Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

IRB APPROVAL # & Date: _____

USE OF BRAIN BANK TISSUE RESOURCES

What diseases are you going to study?

Total number of samples needed: _____

Which area(s) of the brain will be useful to conduct your study?

Specific needs not previously identified

Brain Bank Use

Date Received by BB ___ / ___ / ___

Date Approved ___ / ___ / ___

POLICY GUIDELINES FOR BRAIN BANK SUPPORT

This policy is based on balancing the mandate to promote research and research training and the need to establish accountability and assure appropriate conduct of research. Please carefully review these requirements and submit a signed copy with your application documents. For questions, call (734) 845-5244.

Administrative Requirements

Please submit the following materials with this application:

- a. A description of proposed use of the tissue
- b. Biosketch

The Brain Bank decision concerning approval of this application will be based on the ability to support the proposed project, its scientific merit, and relevance. Please provide all supporting documents that you believe would be helpful in the review. Proprietary studies cannot be supported by Brain Bank resources.

The applicant agrees that the Brain Bank's Executive Committee and/or Neuropathology resource advisor will monitor compliance with the criteria and standards stated heretofore and others as may be applicable, and have the authority to determine appropriate corrective measures, as needed.

Reporting Requirements

If there is a significant change in the project, such as change in the PI or other key personnel, moving off/on the project, etc., the Brain Bank should be notified in writing in advance, if possible.

To assist with Brain Bank grant preparation and ensure effective allocation of Brain Bank resources, the applicant will be asked to provide a brief progress report including a list of all publications generated as a result of use of Brain Bank resources. Michigan Brain Bank, Michigan Alzheimer's Disease Center and Protein Folding Disorders Program must be acknowledged in publications resulting from the use of its resources.

I have reviewed the Policy Guidelines and agree to abide by the conditions stated therein.

Applicant Signature: _____ Date: ____ / ____ / ____

Brain Bank Use

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Date Approved ____ / ____ / ____