

**Principal Researcher Information (to whom sample/ data will be sent) :**

Researcher names and titles: Institution name: Department: Street address (no P.O. Box): City and Province/State: Postal or Zip Code: Country:

Telephone:

Fax:

E-mail:

Recipient's Federal Express Account#:

Name and Telephone number of assistant:

**Co-Investigators :**

Researcher names and titles:

Institution name & address:

**Research Project:**

Title of project (please attach a short abstract):

Is this project funded by peer-reviewed grant(s)? Yes □ No □ If Yes, Grant name(s) and number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Research Ethics Board (REB) or Institutional Review Board (IRB) or the UWO HSREB approve this project? Note : Application can be reviewed however samples cannot be shipped before REB approval. **All published scientific findings derived from tissues and/or clinical data obtained through the London Brain BioBank must acknowledge the London Brain BioBank as the source.**

□ Yes (Please attach the approval) □ No (Please submit your project for approval)

Principal Researcher's Signature Date

**Biosample/Clinical Data Request London Brain BioBank**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Diagnosis | Number of Cases | Sample type (brain tissue/blood/CSF/Clinical Data) | Amount of sample | Specifications if Applicable  (Structure/Areas of tissue) | Restrictions (Age/Gender) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Special requests, requirements or additional requirements not mentioned above :**



