**Veterans Affairs Brain Bank** **Tissue Storage**

VA Boston Healthcare System Southern Arizona VA Healthcare System

150 S. Huntington Ave. (151C) 3601 S. 6th Avenue

Boston, MA 02130 Tucson, AZ 85723

**VA Brain Bank Application for Human Tissues**

**Request Form – ALS CNS Tissue**

*Requests will be reviewed based on the following factors:*

* *Scientific merit.*
* *Adequacy of research design including experimental platform(s).*
* *Availability of research funding.*
* *Qualifications of the investigators.*
* *See* ***Section 11*** *for more information.*

**Please provide the following Investigator, Research, and Tissue Request Data.**

**Note: Incomplete applications may be returned or result in delays in the review of requests for tissue.**

**1.**  Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2.** Principal Investigator's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **3.** Title

 **4.** Institution Name \_\_\_\_\_\_

 **5.** Mailing Address

 City/State/Zip Code

 **6.** Phone (Day) Office: Lab:

 **7.** Fax Number

 E-mail Address

 **8.** Proposed Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** **Funding (**If none, please write “none”; if pending, please indicate and list source)

 Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grant # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** Is this a pilot study? **[ ]  YES [ ]  NO \*\*If you answered yes please note that you may request a maximum of 3-4 sites and up to 10 cases total.**

 **11.** **Research Synopsis (please address the following and attach to application):**

1. Abstract, including hypothesis and specific aims.
2. Specific gap(s) in current knowledge the study will address.
3. Rationale/Preliminary data.
4. Proposed methodology (for example, PCR, RT-PCR, IHC, Western, Mass Spectrometry).
5. Statistical plan/analysis. Please review our Guidelines for Tissue and Data Requests for statistical analyses and justification of sample size.
6. Please indicate if samples will be combined with those from other sources, and what those sources are. In addition, please provide information concerning the numbers of specimens available from each source, and, where available, letters of support from the institutions providing additional specimens.
7. CVs for all investigators and collaborators, including any biostatisticians, involved in the project. *If the project is to be carried out by a funded postdoctoral fellow or young investigator in your laboratory, this must be clearly documented. New investigators should document their access to individuals with the appropriate expertise in ALS and/or the methodologies under study.*
8. If applicable, please indicate who outside of your institution will have access to specimens and/or initial data. This includes collaborators at other institutions. If necessary, additional Material Transfer Agreement/Data Use Agreement’s may be required.

**\*\*Please include all requirements in item #11 in your research synopsis to avoid any delays in review of your request.**

 **12.** **Specific Tissue Types/Amounts Requested:** **Please calculate minimal amount of tissue required for your particular assays. Tissue can be provided as freshly cut slides of formalin-fixed, paraffin embedded tissue and/or freshly cut frozen sections (on slides or in tubes.) Please refer to our tissue request guidelines on our website.**

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| --- | --- | --- | --- |
| **Tissue Type** **(clearly specify region of CNS)** | **Number of Normal****or ALS Cases**  | **Amount of Tissue Requested (minimal amount required) (µm, mm³ )** | Number of Samples per Case |
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***(If you are requesting more than 5 areas, please insert rows or attach separate list.)***

 **13.** **Additional Information:**

 Data that will be provided includes:

* Subject age, gender, ethnicity
* Disease duration
* Postmortem time intervals
* Brain tissue quality indicators performed using occipital lobe or cerebellum (RNA Integrity Number, tissue pH)
* Cause of death
* Neuropathology diagnosis
* Familial vs. Sporadic ALS (if available)
* Known ALS-associated mutations

Please specify any additional data of interest:

**14. Please attach your CVs with relevant publications and active/pending funding.**

**15. Please e-mail completed forms to Ian Robey, Ph.D.** Feel free to contact with any questions:

**ian.robey@va.gov**

Office Phone: (520) 792-1450 (at recording, immediately dial 1-4436)

*We will re-contact you when the VA Brain Bank Review Committee has evaluated your request. If approved, an MTA-DUA will follow requiring signatures by a representative of your institution and the PI of the study.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The section below is for approved requests only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved tissue types and amounts to be distributed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tissue Type** **(clearly specify region of CNS)** | **Number of Normal****or ALS Cases**  | **Amount of Tissue Requested (minimal amount required) (µm, mm³)** | Number of Samples per Case |
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**Does the approved amount and preparation format of tissue specimens alter the protocol initially provided? (Please answer below or attach extra sheet).**

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