Johns Hopkins Alzheimer’s Disease Research Center (JHADRC)

BIOMARKER CORE – BIOSPECIMEN REQUEST FORM

Investigator submitting request: 

Name: __________________________________________

Telephone: ________________________________

Email: __________________________________________

Specific aims and hypotheses of research:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Short background to the relevant science:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Specimens requested (please be as specific as possible - e.g. number of specimens, types of specimens, diagnostic categories of subjects, categories of test scores):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Proposed analyses:

________________________________________________________________________

________________________________________________________________________
Who will do the analyses?


What is the target completion date for the project?


Contact/Address for Shipping Specimens:

Name: ______________________________________
Address: ____________________________________
Address: ____________________________________
FedEx Acct #: ________________________________
Email: ___________________ Phone: ______________

IRB Approval

IRB # __________ Approval Date __________ Institution ________

Grant Supporting Research (required for NIA Progress Reports)

PI of Grant: _________________________________
Grant Title: _________________________________
Grant #: _________________________________
Grant Sponsor: ________________________________
Grant Start & End Dates: ___________________ 
Total Annual Direct Costs: ____________________

Names and contact information of other collaborators:

__________________________________________________________
__________________________________________________________
How will results be disseminated?

Meeting presentation: ________________________________
Journal submission: ________________________________
Other: ________________________________

>The ADRC Executive Committee will review this request at the earliest opportunity<