



Data Access and Sample Request Form

Date:	Name:
Organization:	
Position/Role:	
Address:	
Phone:	Email:

Check here if you are requesting access only for yourself (no additional collaborators).

SECTION 1: Hypothesis, Methods, and Analysis Plan

RESEARCH PLAN:

Please describe your research plans and the intended use of the data sets/samples.

a) Please briefly describe your hypothesis(es).

b) Why are the ADCS data sets/samples suitable for addressing your hypothesis(es)?

c) What is your intended use of the data sets/samples associated with this request?

- Abstract submission Academic publication Data exploration
 Pilot data for grants Initial hypothesis testing Other



d) Please briefly describe your design methods and analysis plan.

e) Please indicate your assay(s).

Please outline the assay(s) you intend to use and its state of development.

SECTION 2: Data Sets/Samples Details

REQUESTED DATA:

Please describe which data sets/samples and variables you are requesting access for.

If you're requesting Biological samples only, please proceed to Biological samples section on the next page.

Clinical data, neuropsychological instruments, cognitive instruments, demographics, etc.

a) Please specify the data sets and variables you are requesting and describe use/rationale below.

Placebo arm Active arm Both

b) Please specify the timepoints you are requesting.

Screening Baseline Week 52 (Month 12) Other (specify)

Neuroimaging data

a) Please specify the data sets and variables you are requesting and describe use /rationale below.

Placebo arm Active arm Both

Biological samples

a) Please specify the samples and variables you are requesting and describe use/rationale below.

Placebo arm Active arm Both

b) Please indicate the volume per sample that you are requesting.

mL

Also indicate the volume per sample that your test/assay requires.

mL

Please indicate the quantity (number) of individual or paired samples that you are requesting.

c) Please specify the sample type.

CSF Plasma Whole blood Serum PBMC's DNA (if available)

d) Please specify the timepoints you are requesting.

Screening Baseline Week 52 (Month 12) Other (specify)

e) Samples will be shipped frozen and on dry ice unless indicated otherwise.

Other (specify)

Collaborators/Data Analysts:

Name	
Organization	
Position/Role	
Address	
City/State/Zip	
Telephone	
Email	
<input type="checkbox"/> Check here if you are requesting access for this person	

Name	
Organization	
Position/Role	
Address	
City/State/Zip	
Telephone	
Email	
<input type="checkbox"/> Check here if you are requesting access for this person	

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City/State/Zip	
Telephone	
Email	
<input type="checkbox"/> Check here if you are requesting access for this person	

- THIS PAGE IS FOR COMMITTEE USE ONLY -

Date of initial committee review:

Date of final committee decision:

Committee decision (and comments):

If approved, will this require a Data Use Agreement?

Yes No

If approved, will this require a Material Transfer Agreement?

Yes No

Should biological samples be allocated/committed for this request?

Yes No

Other comments:

POST-APPROVAL FOLLOW-UP

Date access granted to data:

Date access closed to data:

Date samples shipped:

List of samples shipped: