

Douglas – Bell Canada Brain Bank

HUMAN BRAIN TISSUE REQUEST FORM

Principal Researcher Information: *To whom tissues will be sent:* Yes No

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: _____

Name and telephone number of assistant: _____

Recipient's Federal Express Account #: _____

Researcher Information: *To whom tissues will be sent:* Yes No

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: _____

Name and telephone number of assistant: _____

Recipient's Federal Express Account #: _____

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Researcher Information:

To whom tissues will be sent:

Yes

No

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: _____

Name and telephone number of assistant: _____

Recipient's Federal Express Account #: _____

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 Douglas Institute REB approve this project?

Yes (Please attach the approval)

No (Please submit your project for approval)

Researcher's Signature

Date

Researcher's Signature

Date

Researcher's Signature

Date

Tissue Request

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Diagnosis	# Cases	Tissue Type (Formalin-fixed or Frozen)	Amount of tissue (Grams or Dimension)	Structures / Areas	Restrictions (Age-Gender-PM Delay)

Special requests, requirements or additional restrictions:
