

Newcastle Brain Tissue Resource

Application for Committee Approval of Tissue Use October 2013

Applicant(s)

Name(s):

Supervising PI(s) if student:

Institution(s) and Department(s):

Address(s):

Collaborators:

Acknowledgement

Have you received samples from NBTR in the past? Yes/No

If “Yes” please forward details of any resulting publications (even if NBTR is not acknowledged) to NBTR Manager. This is very important for ensuring continued funding of the resource. Applicants are reminded that a condition of supplying tissue is that NBTR must be acknowledged in any publications resulting from its use and that failure to do so may impact on future applications.

Project

Title:

Lay Summary (100-200 word summary of project in lay terms suitable for a non-scientific background):

Outline of project:

Please attach an outline of the project in no more than 1000 words to include:- scientific justification, aims and objectives, methods and details of tissue required (numbers of cases, disease categories, brain areas, fixed/frozen tissue, weight or number of tissue sections – this can then be summarised in the next Tissue Details section).

Tissue Details

Disease categories (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Required (Region or BA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fixed Tissue requested

Number of sections to be cut	<input type="text"/>
	µm

Section thickness
Tissue in formalin (weight)

Frozen Tissue requested

Number of sections to be cut
Section thickness
Tissue block (weight)

DNA **Yes** **No**

Has the project received ethical approval? **Yes** **No**
If so attach copy of agreement by Ethics committee. Final approval can only be given when project has received ethical approval and the NBTR manager has seen the ethical approval application

Ethical Approval Number:
NB If you do not have ethical approval and are applying to use tissue under the NBTR approval please complete Section 2 Of this form.

Has funding been obtained? **Yes** **No**

If not, is funding being sought? **Yes** **No**

Name of potential/actual funder:

Duration of funding:

Start date: **End date:**

*Please return form and address any queries to Debbie Lett, NBTR Manager, Edwardson Building Campus for Ageing and Vitality, Newcastle upon Tyne, NE4 5PL. Tel: +191 248 1231 email d.j.lett@ncl.ac.uk
The form will be circulated via e-mail around the DEMANDS Research Group for comments and, if contentious, discussed at the next DEMANDS Research Group meeting. Final approval will be given by the NBTR Committee.*

For completion by NBTR Manager

Date of Application:

Outcome of ACATU application:

Ethical approval application (EAA) been submitted to NBTR manager: Yes/ No

EAA checked and approved by NBTR manager: Yes/ No

Applying under NBTR ethical approval Yes/ No

Date form circulated to DEMANDS group:

Response by:

Any issues raised with request: Yes/ No

Date ACATU seen by NBTR committee:	
Tissue use approved by NBTR committee:	Yes/ No
If 'No' then give reasons/outcome:	
Date of Approval:	
Release tissue when Tissue Request Form received:	Yes/ No
Date User Agreement/MTA issued	
Date tissue released	

ACATU Part 2**To be completed if project does not have own ethical approval**

What is the primary purpose of this project?

- | | |
|----------------------------------|--------|
| • Scientific investigation | Yes/No |
| • Commercial product development | Yes/No |
| • Educational project | Yes/No |
| • Other (please specify) | Yes/No |

Has an ethics committee previously rejected this application? Yes/No

Is this a pilot study? Yes/No

If successful do you anticipate making an ethics application for further study? Yes/No

Where will the research take place?

Has the study been peer reviewed? Yes/No

Details:

Has the study been statistically reviewed? Yes/No

How was the number of samples decided upon?
(please give details of a power calculation or other method used):

Will you be requesting any personally identifiable data? Yes/No

Where and by whom will the analysis of the samples and data be undertaken?

Will any of the work be delegated to other collaborators? Yes/No

Please state any ethical problems that you foresee with the project. In particular are there any genetic implications for donor families?