

BIOCARD – Biomarkers of Cognitive Decline Among Normal Individuals: the BIOCARD Study

**E1. Biospecimen Request Form**

All individuals requesting BIOCARD biospecimen samples must submit this form. This form may also be used to request access to BIOCARD data and brain images. Please type in responses and save before emailing this form to [BIOCARD@jhu.edu](mailto:BIOCARD@jhu.edu).

**Section A. Principal Investigator Information**

1. First name:

2. Last name:

3. Address:

4. City:

5. State:

6. Zip Code:

7. Email address:

8. Re-enter email address:

9. Work phone:

10. Is the requesting investigator a student, graduate student, or fellow?

No

Yes, specify name of faculty mentor on this project:

10a. First name:

10b. Last name:

10c. Email address:

**Section B. Project Information**

11. Title:

12. Specific Aims – Please provide between 1 and 4 concise aims for your project:

12a.

12b.

12c.

12d.

**Section C. Details of Biospecimen Request and Other Relevant Data/Images**

13. Which biospecimens are you requesting? (Check ‘yes’ or ‘no’ for each item):

**No Yes**

13a. CSF samples

13b. Blood samples

13c. Immortalized cell lines

13d. Brain tissue

For requests of biospecimens, a Research Plan must accompany your request.

14. Are you requesting data derived from biospecimen?

No, **SKIP to item 16**

Yes

15. Which biospecimen datasets are you requesting? (Check ‘yes’ or ‘no’ for each item):

**No Yes**

15a. CSF dates of collection

15b. CSF data analyzed by BIOCARD investigators

15c. Neuropathology (brain tissue) dates of collection

15d. Neuropathology findings

16. Are you requesting clinical, cognitive, or diagnostic datasets?

No, **SKIP to item 18**

Yes

17. Which clinical, cognitive, or diagnostic datasets are you requesting? (Check ‘yes’ or ‘no’ for each item):

**No Yes**

17a. Visits

17b. Diagnosis

17c. Demographics and status

17d. Family history of dementia

17e. Health history

17f. Medications

17g. Cognitive Assessment

17h. Neuropsychiatric Symptoms

17i. Functional evaluation

17j. Genetics

17k. Physical function

17l. Leisure activities

18. Are you requesting brain imaging data or brain images?

No, **SKIP to item 20**

Yes

19. Which brain imaging data or images are you requesting? (Check ‘yes’ or ‘no’ for each item):

**No Yes**

19a. MRI scan dates of collection

19b. MRI scans

19c. MRI data analyzed by BIOCARD Investigators

19d. PET scans

19e. PET scan dates of collection

19f. PET data analyzed by BIOCARD investigators

**Section D. Funding Information**

20. Do you have funding for the proposed project?

No, **SKIP to Section E**

Yes

21. Indicate the type of funding to be used for this project (check ‘yes’ or ‘no’ for each item):

**No Yes**

21a. Industry

21b. Federal

21c. Private

21d. Internal/Departmental

22. Primary sponsor:

23. Grant title:

24. Grant number:

25. Grant start and end dates:

25a. Start date of funding (mm/dd/yyyy):

25b. (Expected) ending date of funding (mm/dd/yyyy):

**Section E. Administrative Information**

26. Date of request (mm/dd/yyyy):

27. What is the purpose of this request (check ‘yes’ or ‘no’ for each item):

**No Yes**

27a. Current or planned research

27b. Preliminary feasibility

27c. Data exploration

27d. Grant application

27e. Journal publication

27f. Abstract submission

27g. Clinical trial

27h. Other  , specify:

**Section F. Materials and Documents**

The cost of the transfer of biospecimen is the responsibility of the person requesting the specimen.

28. Do you agree to pay the cost incurred during the transfer of the requested biospecimens?

No

Yes

Other, specify:

29. Did you also submit the following documents via email to BIOCARD@jhu.edu? (check ‘yes or no, for

each item): **No Yes**

29a. E2. Data Use Agreement

29b. E3. Code Access Agreement

29c. NIH biosketch or CV

29d. E5. Research Plan

Once the biospecimen request has been approved, a Material Transfer Agreement must be submitted.