***Portuguese Brain Bank tissue request form***

Under conditions agreed with the National Ethics Committee (NEC), approved on 18th July 2012, the Portuguese Brain Bank (PBB) can supply tissue or data for research purposes.

**The conditions agreed are as follows:**

* All researchers must complete and agree to the terms and conditions of “Portuguese Brain Bank tissue request form”.
* All requests will be reviewed by Portuguese Brain Bank Scientific Committee, who will assess the applications on their scientific merit and ethical use of tissue. Comments will be feedback to applicants.
* Applications for tissue from not for profit organizations will generally be in the context of a peer reviewed research grant. Where this is not the case that the scientific content of the project should have been subject to some institutional peer review. The applicants must specify what internal peer review was carried out and provide a written report.
* The scientific content of application form for profit organizations must also undergo peer review before tissue will be released. Where Scientific Committee feel that they do not have the relevant expertise, we will approach suitable experts to critically and confidentially review the scientific content of applications from for profit organizations.

***Portuguese Brain Bank tissue request form – Research project***

**CONFIDENTIAL**

Please complete in block capitals and e-mail to Ms. Inês Reis (ptbrainbank@chporto.min-saude.pt) at the Portuguese Brain Bank at the above address.

**Requested by** (Full Name, Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Fax No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**e-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of research project:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collaborators within and outside the above institute:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this part of a peer reviewed grant application?**

**If yes, please give the title of the grant application, funding body and duration of funding.**

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**If this is not part of a peer reviewed grant application please provide evidence of institutional support and peer review.**

**Has ethical permission been sought or obtained for this project? Please give details. A copy of the approval letter should be sent to the tissue bank manager.**

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| TISSUE REQUIREMENTS  |
| **Number of cases** (total number of cases \_\_\_\_\_\_\_\_) |  |  |  |
| **Specifications** (disease, age, gender….) |  |  |  |
| **Anatomical areas** |  |  |  |
| ***TISSUE TREATMENT*** |
| **Frozen tissue samples** (specify approximate size/ weight of tissue) |  |  |  |
| **Frozen (cryostat) sections** (specify number of sections and thickness)  |  |  |  |
| **Fixed tissue samples/ paraffin processed block** (delete as applicable and give approximate size).  |  |  |  |
| **Paraffin sections** (specify number of sections per block and section thickness) |  |  |  |
| **Post-mortem delay** (ideal maximum time) |  |  |  |
| **Any further constraints on type of tissue required** |  |  |  |
| **What clinical information do you require on the patients you have tissue from** |  |  |  |

**Project outline: Please provide a summary of the protocol and include the necessary background, aims, justification for the type of tissue requested, sample size and number of patients tissue requested from, techniques to be used, results of pilot studies and expected benefits to research into neurodegenerative or other dementing illness (Add additional pages where necessary). This will be used to judge the value of the work against tissue availability.**

**Written report (following guidelines in attached document) on the results of the study should be sent to the Portuguese Brain Bank no later than twelve months after the supply of the tissue. Any publications arising from tissue supplied by the Portuguese Brain Bank must acknowledge the Portuguese Brain Bank and a copy of the publication forwarded to the Portuguese Brain Bank.**

**Project outline – LaY Summary (**Please provide the necessary background, aims, justification for the type of tissue requested in lay terms)

Please explain any biological terms and write your summary using the following headings:

**Simplified version of your project title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are you investigating? / What problem(s) are you addressing?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What research questions are you testing**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which areas of the brain will you use & why?**

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**What will you do with them?**

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**How will the outcomes of your research eventually help people with neurodegenerative disorders?**

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**Conditions for accepting post-mortem human material from the Portuguese Brain Bank**

**It is hereby agreed as follows:**

1. The recipient noticed that all procedures used by the Portuguese Brain Bank in the procurement, storage and distribution of tissue have been approved by the National Ethics Committee.
2. The tissue will be anonymized by coding and supplied when appropriate with basic donor information. On receiving custodianship of the tissue and donor information, the recipient will then be responsible for the appropriate storage and use the tissue and donor information.
3. The recipient may use the tissue and donor information only in the research project as described in “Portuguese Brain Bank tissue request form – Research project”. The recipient may pass the tissue and donor information on to its employees solely for performance of the research project but not sell, license or otherwise transfer the tissue or donor information to any third party, other than as permitted in this “Portuguese Brain Bank tissue request form”, without prior written consent form provider.
4. The recipient will provide the provider with a short annual written summary of the work performed on material supplied by the Portuguese Brain Bank and the final report on the research project. In addition, and upon request by the Portuguese Brain Bank, the recipient shall supply information on the use and fate of the Material that have received from the Portuguese Brain Bank, including the availability of any unused Material.
5. The recipient will make appropriate payment to cover reasonable administration costs for the storage and supply and preparation of the tissue and donor information. All costs will be agreed between the provider and the recipient prior to any transfer of the tissue and donor information.
6. The recipient agree to cite the contribution made by the Portuguese Brain Bank in the “Materials and Methods” and “Acknowledgements” section of all publications arising from research performed on material that it has supplied and will send copies of such publications to the Portuguese Brain Bank Manager. The Portuguese Brain Bank should be acknowledged in the following manner:

“We acknowledge the Portuguese Brain Bank for supplied the tissue samples”

The Portuguese Brain Bank shall be entitled to use the contents of such publications for the promotion of the work of the Portuguese Brain Bank. Members of the Portuguese Brain Bank may request co-authorship when the provision of tissue has required particularly time consuming protocols.

**Cost recovery**

In line with a sustainable future for brain banking, the PBB have introduced a cost recovery scheme for the provision of tissue with tariffs similar to other European brain banks or brain banks consortiums. The tariffs are as follows:



Please note that not all sample types listed are available from Portuguese Brain Bank. Advice will be given upon receiving the tissue request.

Payment can be made either by **bank transfer** or through **purchase order and invoicing**. If payment is made through purchase order and invoicing, it is necessary that a copy of your purchase order and a purchase order reference is sent to the Brain Bank Manager. The request will not proceed without this information.

**Signature of the Tissue requester:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Signature on behalf of the PBB:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal use only**

Supply agreement for the provision of human tissue samples for research between:

1. **Recipient**

Name, Department and address of the Principal Researcher

And

2. **Provider**

Portuguese Brain Bank

Hospital Santo António - Centro Hospitalar do Porto,

Largo Prof. Abel Salazar, 4099-001 Porto, Portugal

**Title of research project:**

**Date tissue request received:**

**Approval by Brain Bank Committee confirmed:**

**Tissue Request Sanctioned by (Name of Management Committee member):**

**Date tissue supplied to user:**

**Progress report expected by:**

**Date report received:**

**Details of publications arising from the supplied tissue:**

|  |  |  |  |
| --- | --- | --- | --- |
| Cases supplied | Disease | Material | Clinical information (S/N) |
|  |  |  |  |