

Application Form for Multiple Sclerosis tissue samples

Project number: 2011/

Member of the KKNMS (yes/no):

Date :

Name Applicant :

Institute :

Address :

Phone : Fax :

Email address :

Courier of choice :

Account number :

Shipping address :
(if different than above)

Title of the research project:

Principal investigator:

Participants/cooperations:

Name:

Institute:

Summary of the project:

* In case a more elaborate project description is present, for instance as presented to a financing institution, please enclose as an attachment.

Expected duration of the project:

Information on requested material:

1. Multiple Sclerosis tissue samples

- a. Number of patients:
- b. Brain samples (precise anatomical boundaries):
- c. Lesion activity (active, chronic active, inactive):
- d. Treatment of tissue (fixation, freezing, medium, etc.):
- e. Age range and gender:
- f. Additional samples (CSF, plasma) (yes/no):

Status of the project:

1. The tissue application is part of which research line? Give some key publications.
2. Is or will the scientific quality of the project for which the material is used be judged? If yes, please specify by whom and with which result.
3. Is the project internally or externally funded and, if externally, by whom and for which period?
4. The material may not be transferred to others. Is it necessary for your research to send the material to another laboratory, to someone who is not under your direct supervision?
5. If yes, please specify the reason, the name of the laboratory and the responsible person to whom you intend to send the material.
Reason:
Laboratory:
Person responsible:
6. Will the project be executed in order of and/or in cooperation with a for-profit organization? If yes, please specify which one.

Further comments:

Requirements for tissue recipients

The MS brain bank supplies tissue, CSF and plasma (Material) that has been obtained on the basis of informed consent of the brain donor. Informed consent restricts the use of the Material to scientific research purposes only. The Material shall only be supplied under the conditions stated in a Material Transfer Agreement (MTA), that needs to be signed by the person who is granted the power of representation within your organization. The MTA states the rights and obligations of the Provider as well as the Recipient with regard to the Material and its use.

Contact information

In case you need further information or have questions concerning the application form or availability of tissue, please don't hesitate to contact us or look at our website (www.neuropathologie.med.uni-goettingen.de). Please return the completed application form to erik.bahn@med.uni-goettingen.de or wbrück@med.uni-goettingen.de.