

REQUEST FOR RARE HUMAN BRAIN TISSUE

Send the completed forms to:

The Hereditary Disease Foundation

3960 Broadway, 6th Floor

New York, NY 10032

212.928.2121 • 212.928.2172 Fax

Web: www.hdfoundation.org E-mail address: cures@hdfoundation.org

Please note that this form must be completed and forwarded to the Hereditary Disease Foundation at the above address **ONLY** if you request the following tissue:

- Presymptomatic gene carriers
- Grades 0, 1, or 2
- Juvenile Onset
- Unusual pathological variant

Please note that this form is NOT required for more widely available grade 3 and grade 4 tissue (adult onset). **We urge you to consider the use of this tissue for your studies prior to requesting rare tissue, which is in very short supply.** Please contact the Brain Bank directly, at the following address, to obtain grade 3 or 4 tissue:

Harvard Brain Tissue Resource Center

McLean Hospital

115 Mill Street

Belmont, Massachusetts 02478

1-800-272-4622

617-855-3199 FAX

btrc@mclean.harvard.edu

<http://www.brainbank.mclean.org>

Dr. Francine M. Benes, Director

To request RARE human tissue, please send or FAX the completed forms to the Hereditary Disease Foundation. Your request will be reviewed by a 3-member committee, based on the compelling need to use this material which is in very short supply.

I. INVESTIGATOR DATA

Investigator Name: _____

Phone #: _____

Institution Name: _____

Fax #: _____

Laboratory Shipping Address:

Email: _____

FedEx Account #: _____

Name of Laboratory Director, if different from above: _____

II. JUSTIFICATION FOR REQUEST (One page typed)

1. Briefly state the GOALS of the experiment and the HYPOTHESIS to be tested. Please justify the reason why this precious material, rather than more widely available tissue, is necessary.
2. Briefly describe the method of procedures to be used and justify the NUMBER of samples requested and the AMOUNT of tissue requested per sample.
3. Briefly describe your expertise with the methods to be used and indicate the preliminary data obtained from more widely available tissue.

Preliminary data, which has been obtained from studies of grade 3 or 4 tissue, is required to justify the use of rare tissue. This information will be reviewed by the Tissue Use Committee and be kept confidential. If you have any question or concern regarding this point, please contact Dr. Marie-Françoise Chesselet at 310-267-1781, or e-mail her at mchessel@ucla.edu

III. RARE TISSUE REQUESTED

The following types of tissue preparation are available: liquid nitrogen vapor frozen tissue blocks, passive frozen tissue blocks, formalin fixed tissue blocks and paraffin embedded tissue blocks. **Please note: Fulfillment of request depends on availability of tissue**

Before completing your request, please take into account the following points:

1. Tissue from presymptomatic individuals is extremely rare and in very short supply. Studies which require a large number of samples in order to obtain statistically significant data are not doable.
2. Tissue from caudate and putamen is in much shorter supply than tissue from other regions, such as cerebral cortex and cerebellum. If compatible with your study, please request more readily available regions in order to obtain preliminary data.
3. Paraffin-embedded tissue is more widely available than formalin-fixed or frozen tissue. Please consider the use of this tissue, if compatible with your study.

TISSUE REQUEST: (Please indicate)

- The number of samples.
- Amount of tissue per sample.
- Tissue preparation (quick frozen, passive frozen, formalin fixed or paraffin embedded).
- The brain region(s) requested.
- The type of tissue (presymptomatic, HD 0, HD 1, HD 2, juvenile onset or other).

<u>DIAGNOSTIC CATEGORY</u>	<u># OF CASES</u>	<u>BRAIN REGIONS</u>	<u>AMOUNT OF TISSUE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

TISSUE PREPARATION

- Passive Frozen
- Quick Frozen in Liquid Nitrogen Vapor (-160° C)
or at dry ice temperature (-70° C)
- Fixed in 10% buffered formalin
- Coronal Slices
- Individual Tissue Blocks
- Dissected & Chopped
(frozen sample in 1.0 ml cryotube)
- Paraffin embedded

If requesting liquid nitrogen vapor frozen tissue blocks, or paraffin embedded tissue blocks, please indicate by placing a check mark in the BLOCKS REQUESTED column, which brain regions you are requesting for your studies.

Block #	Dissected Brain Region	Blocks Requested
1.	Superior frontal cortex (Brodmann area 9)	
2.	Posterior frontal cortex (Brodmann area 4)	
3.	Parietal cortex (Brodmann area 7)	
4.	Calcarine cortex (Brodmann area 17 and Brodmann area 18)	
5.	Hippocampal formation with parahippocampal gyrus	
6.	Caudate, putamen and accumbens (CAP)	
7.	Globus pallidus (GP) and putamen with claustrum	
8.	Amygdala	
9.	Thalamus at level of centrum medianum	
10.	Midbrain including substantia nigra	
11.	Upper pons at level of locus coeruleus	
12.	Lower pons at inferior border of cranial nerve V	
13.	Medulla oblongata at level of inferior olivary nucleus	
14.	Cerebellum with dentate nucleus	
15.	Temporal pole	
16.	Cingulate gyrus	
17.	Anterior thalamus with subthalamic nucleus	
18.	Anterior hippocampus with entorhinal cortex	

AFTER YOU HAVE RECEIVED THE TISSUE PLEASE RETURN A PHOTOCOPY OF THIS REQUEST FORM WITH YOUR SIGNATURE AND DATE TO: Hereditary Disease Foundation, 3960 Broadway, 6th Floor, New York, NY 10032, 212.928.2121, 212.928.2172 FAX.

I HAVE RECEIVED THE TISSUE REQUESTED ABOVE ON _____/_____/_____ (date)
SIGNATURE _____

NAME PRINTED _____ DATE _____/_____/_____