**Neurobiobank München**

**Directors:**

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# Tissue request

**Name:**

**Institute:**

**Address:**

**Phone:**

**Telefax:**

**Email:**

**Title of the project:**

**Summary of the project (max. 2 pages):**

(The summary should include background, aim, hypotheses, description of methods and if appropriate power analysis. Please make sure to provide an answer to the question ‘What and how much tissue and how many tissue samples are necessary to examine what hypothesis by using what method’?)

**Own preliminary work:**

(e.g. pilot studies, animal/tissue culture experiments, evaluation of method, validation of antibody on human tissue etc; in case of little or no preliminary work, it is advisable to separate the project into a pilot and a study phase)

**Publications relating to preliminary work, if applicable:**

**Funding for the project**

**Project duration:**

**Ethical approval for the project:**

(A positive vote of your local Ethics Committee is obligatory for the approval of the tissue request. Please provide a copy of the approval letter including number and date of approval as well as contact details of the approving Ethics Committee)

**Details of required tissue samples:**

**Tissue samples are required from the following cohorts (patients and controls):**

|  |
| --- |
| **Number of patients-I:****Definition1:****Further specification2:** |
| **Number of patients-II, if applicable:****Definition1:****Further specification2:** |
| **Number of controls, if applicable:****Definition1:****Further specification:** |

Please add additional rows in case samples are required from patients with different diseases or from patients with different disease subtypes, i.e. additional cohorts.

1e.g. ‘Alzheimer patients with Braak stage V to VI, female’ or ‘no dementia, age 60 to 70, female’

2e.g. exclusion criteria or maximal post mortem interval

**Type and amount of required tissue samples (by cohort, see previous table):**

**Patients-I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Brain region**(e.g. frontal cortex or hippocampus) | **Type of tissue**(e.g. cryopreserved tissue, formalin-fixed tissue or formalin-fixed and paraffin-embedded tissue) | **Amount**(mg or number of sections) | **Further specifications**(e.g. thickness of section) |
|  |  |  |  |
|  |  |  |  |

Please add an additional row for each different brain region or type of tissue.

**Patients-II, if applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Brain region**(e.g. frontal cortex or hippocampus) | **Type of tissue**(e.g. cryopreserved tissue, formalin-fixed tissue or formalin-fixed and paraffin-embedded tissue) | **Amount**(mg or number of sections) | **Further specifications**(e.g. thickness of section) |
|  |  |  |  |
|  |  |  |  |

Please add an additional row for each different brain region or type of tissue.

 **Controls, if applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Brain region**(e.g. frontal cortex or hippocampus) | **Type of tissue**(e.g. cryopreserved tissue, formalin-fixed tissue or formalin-fixed and paraffin-embedded tissue) | **Amount**(mg or number of sections) | **Further specifications**(e.g. thickness of section) |
|  |  |  |  |
|  |  |  |  |

Please add an additional row for each different brain region or type of tissue.

**Do you have a VAT ID (trade ID)?**





**My VAT ID (trade ID) is:**

**Please send the application as Email-Attachment to:**

Dr. rer. nat. Otto Windl

nbm@med.uni-muenchen.de

Postal address: Neurobiobank München

Center for Neuropathology and Prion Research

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**Date:**