Neurological Foundation Human Brain Bank – University of Auckland, New Zealand

TISSUE REQUEST FORM:

Name of requestor _______________________________ Date: ________________

Organisation/Institution ____________________________ Department ______________

Outline purpose of tissue request and aim of study: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What technique(s) do you plan to use? ______________________________________________________

Please list disease(s) and criteria (*if required) in chart below:

NB! If criteria* are too tight, available tissue will be limited!

<table>
<thead>
<tr>
<th>Type of tissue¹:</th>
<th>Disease(s)</th>
<th>No. of cases</th>
<th>Age*</th>
<th>Sex*</th>
<th>PMD*²</th>
<th>Other</th>
<th>Brain Region(s)</th>
<th>Whole tissue (amount in mg)</th>
<th>Sections (number &amp; thickness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh or FF or FFPE</td>
<td>List each separately. Add control (separately) if reqd.</td>
<td></td>
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</tr>
</tbody>
</table>

¹ Fresh = fresh frozen; FF= formalin fixed; FFPE = formalin fixed paraffin embedded
² PMD = post-mortem delay

Provision of tissue is dependent on tissue availability and approval by the directors.

Please return completed Tissue Request form to:
Marika Eszes - Brain Bank Manager at brainbank@auckland.ac.nz
If approved, you will be asked to complete and sign a ‘Conditions of Receipt’ Form.