

Dear Researcher,

Thank you for requesting tissue samples from the Multiple Sclerosis and Parkinson's Tissue Bank. In order to ensure that your request is processed without unnecessary delays please make sure that you submit all the required documentation with your request form. The checklist on page 4 will provide the information on what is needed in order to apply for tissue samples.

Our frozen and fixed tissue collections are a valuable resource of clinically and neuropathologically well characterised human post-mortem specimens for scientists investigating the pathogenesis of multiple sclerosis and related neuroinflammatory disorders. The Tissue Bank operates an open access policy to tissue and welcomes applications from academic, private and public sector researchers. To initiate the application procedure please fill out the Tissue Request form and e-mail it to us.

This form consists of three parts in addition to the introductory page. Please make sure that you **fill out fully** both part I (personal and project details) and part II (tissue request details) as a **partially filled** out form **will delay** processing of your request.

The submitted form and other documents will be checked by the Tissue Bank manager and then passed on to the Peer Review Panel for assessment and recommendation. Currently the Peer Review Panel takes three working weeks to review applications.

Once approved, your request will be processed, depending on the amount of work involved, within one to three calendar months. We will keep you regularly informed on the progress of your request.

If you have any further queries or want to discuss your requirements prior to filling out this form please contact the Tissue Bank manager Dr Djordje Gveric:

Tel                020 7594 7204  
Fax                020 7594 9733  
E-mail           [brainbank@imperial.ac.uk](mailto:brainbank@imperial.ac.uk)

We are looking forward to fulfill your requirements and wish you every success in your research.

Brain Bank Team

## I Contact and project details

## Confidential

Name:	<input type="text"/>
Position:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Phone:	<input type="text"/>
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E-mail:	<input type="text"/>
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Date requested:	<input type="text"/>
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Date needed:	<input type="text"/>
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Project title:	<input type="text"/>
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Source of funding*:	<input type="text"/>
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Starting date	<input type="text"/>
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Duration:	<input type="text"/>
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\*If this is not part of a peer reviewed grant application please provide evidence of institutional support and/or peer review

Collaborators outside above institution:	<input type="text"/>
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**Lay summary:** The information in this box must be worded in such a way that it can be understood by members of the lay public



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Contact and project details

Confidential

**Project details:** Please provide the necessary background, aims, justification for the type of tissue requested, sample size and number of cases tissue requested from, techniques to be used, result of pilot studies and expected benefits to Parkinson's disease research. This will be used to assess the value of the work against tissue availability.

## II Details of tissue requirement

**Confidential**

### Parkinson's disease samples - Brain

List anatomical areas of the brain required

Tissue preservation

☐ Snap-frozen tissue

☐ FFPE tissue

☐ Other (please specify below)

Other details regarding preservation:

For sections on slides please provide the thickness and a number per block

For sections cut in a tube please provide wet weight per block

☐ Other samples

☐ Snap-frozen tissue

☐ FFPE tissue

☐ Other (please specify)

Number of cases requested

Condition

Post-mortem delay

### Control samples - Brain

List anatomical areas of the brain required

Tissue preservation

☐ Snap-frozen tissue

☐ FFPE tissue

☐ Other (please specify below)

Other details regarding preservation:

For sections on slides please provide the thickness and a number per block

For sections cut in a tube please provide wet weight per block

☐ Other samples

☐ Snap-frozen tissue

☐ FFPE tissue

☐ Other (please specify)

Number of control cases requested

Post-mortem delay

## Tissue request checklist

### 1 ☐ Request form in readable PDF format

Please submit your form in a readable PDF format. Do not send scanned copies of the form. We need to copy relevant parts of the text into our database and in our annual ethics report. Using copy/paste is much easier than retyping the information.

### 2 ☐ Fully signed and countersigned MTA

The Material Transfer Agreement needs to be signed by the principal applicant as well as an official representative of the applicant's organisation. This representative will normally be the person with authority to sign material transfer agreements or contracts.

### 3 ☐ Proof of ethical approval for your study (if applicable)

The Tissue Bank at the Imperial College London has been approved as a Research Tissue Bank by the Wales Research Ethics Committee (Ref. No. 18/WA/0238). As a part of this ethical approval, the Tissue Bank sought generic ethical approval on behalf of researchers using tissue or data supplied by the bank. Under conditions agreed with the REC, the Tissue Bank can supply tissue or data to the researchers in the UK, without requirement for researchers to apply individually to the REC for approval. The conditions agreed with the REC are attached as a separate document. Researchers from other countries **must submit** a copy of ethical approval or a proof of exemption.

### 4 ☐ Proof of peer review for your study (if applicable)

Please indicate clearly in your application if your project has been peer reviewed. If not please provide a proof of internal peer review or support letter from your department or organisation.

### 5 ☐ New customer form (invoicing information) and **PO number**

Please complete section A and B of the new customer form. This is in order to add your organisation to our invoicing system. Once the tissue is ready we will let you know the amount you need to pay for service charges. Please raise a PO to that amount and email the PO number to the tissue bank manager. Without the PO number we will not be able to release the tissue samples and/or data.

### 6 ☐ **Courier information**

Please provide courier information, name and account number, so that we can organise the shipment. We can use Fedex, World Courier and on some occasions DHL. **Please make sure that your courier is able to top up the dry ice in a case of any delays.** We can also provide a quote from our medical courier Citysprint and add the shipment cost to the service charge.

### 7 ☐ **Documents and forms included in the request pack**

You should receive the following documents and forms in your request pack:

Request form with checklist

Material Transfer Agreement

New Customer setup form

Ethics information

~~Tissue Bank Catalogue~~ (from September 2020)

### ☐ **Documents and forms to return**

Documents and forms you need to submit with your application:

Fully completed request form with checklist

Fully signed Material Transfer Agreement

New customer setup form with section A and B completed

Ethics approval or a proof of exemption for your study

PO number for service charges