

THE MARITIME BRAIN TISSUE BANK

5850 College Street
Sir Charles Tupper Building, Room 12D
Halifax, Nova Scotia B3H 4R2
Phone: 902-494-4130 Fax: 902-494-1212

Dear Investigator,

Thank you for your inquiry about receiving postmortem human tissue from the Maritime Brain Tissue Bank. In order to evaluate your request, please provide the following information.

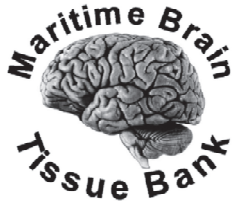
1. Complete the Tissue Request Form.
2. Provide a list of approved grant support for the proposed study.
3. Provide a copy of your curriculum vitae.
4. Provide an abstract that clearly describes the project for which you will use the tissue.
5. Provide a copy of your ethics approval for the use of human tissue.

All requests undergo a review process. Upon approval, the tissue requested will be shipped to your laboratory as soon as conveniently possible. The cost of shipping will be assumed by the recipient. There is also a \$50/hr cost recovery fee.

Please feel free to contact me regarding the status of your request or with any other questions.

Sincerely,
Andrew Reid

Senior Technician & Manager
Maritime Brain Tissue Bank
Department of Medical Neuroscience
Faculty of Medicine, Dalhousie University
Sir Charles Tupper Medical Building
5850 College Street, Halifax, N.S. B3H 4R2
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Capital Health



TISSUE REQUEST FORM

NAME _____ TITLE _____

INSTITUTION _____ DEPT. _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ FAX _____

EMAIL _____

TITLE OF PROJECT _____

SOURCE OF FUNDING _____

CURRICULUM VITAE (PLEASE ATTACH)

ABSTRACT OF RESEARCH (PLEASE ATTACH)

ETHICS APPROVAL (PLEASE ATTACH)

Please provide a detailed outline of your tissue needs (attach separate sheet if necessary).

DIAGNOSIS _____ # OF CASES _____

BRAIN REGIONS _____

RESTRICTIONS
(AGE, SEX, PMI, etc.) _____

SPECIAL REQUIREMENTS _____