

Johns Hopkins Alzheimer's Disease Research Center (JHADRC)

CLINICAL CORE - SUBJECT REQUEST FORM

Investigator submitting request:

Date: ____ / ____ / ____

Name: _____

Telephone: _____

Email: _____

Specific aims and hypotheses:

Short background to the relevant science:

Subjects requested (please be as specific as possible e.g., diagnostic categories, number of subjects, age, category of test scores, medications, contraindications etc):

How many visits will be required? How long is each visit? What location?

What is done at each visit? (e.g., scans, cognitive testing, drug administered, etc.)

Is transportation provided?

Will subject receive an honorarium? If yes, how much?

Proposed analyses:

Who will do the analyses?

What is the target completion date for the project?

IRB Approval

IRB # _____ Approval Date _____ Institution _____

Grant Supporting Research (required for NIA Progress Reports)

PI of Grant: _____

Grant Title: _____

Grant #: _____

Grant Sponsor: _____

Grant Start & End Dates: _____

Total Annual Direct Costs: _____

Names and contact information of other collaborators:

How will results be disseminated?

Meeting presentation: _____

Journal submission: _____

Other: _____

The ADRC Executive Committee will review this request at the earliest opportunity