

Johns Hopkins Alzheimer's Disease Research Center (JHADRC)

DATA CORE – DATA REQUEST FORM

Investigator submitting request:

Date: ____/____/____

Name: _____

Telephone: _____

Email: _____

Specific aims and hypotheses of research:

Short background on the relevant science:

Data requested (provide general description of data domains requested)

NOTE: This form **MUST** be accompanied by a separate document with: (i) list of variables, (ii) variable names from data dictionary, (iii) diagnostic groups for which data are needed. If data for specific subjects is required **MUST** provide list of ADRC ID numbers. If data for specific visits is needed **MUST** provide list of visit dates):

Proposed analyses once study is completed:

Who will do the analyses?

What is the target completion date for the project?

IRB Approval for project

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<