**The Manchester Brain Bank at Salford Royal Foundation Trust,**

**University of Manchester,**

**Clinical Sciences Building,**

**Salford Royal Foundation Trust,**

**Stott Lane,**

**Salford. M6 8HD**

**Phone: 0161 206 4408/4284**

**Fax: 0161 206 4665**

**brainbank@manchester.ac.uk**

The Manchester Brain Bank has been approved by the Newcastle & North Tyneside 1 Research Ethics Committee on 6th May 2014.

**Title of Research Tissue Bank: The Manchester Brain Bank at Salford Royal Foundation Trust**

**REC Reference: 09/H0906/52+5**

Under conditions agreed with the REC, The Manchester Brain Bank can supply tissue or data to the researchers, without requirement for researchers to apply individually to the REC for approval.

The conditions agreed with the REC are as follows:

* All researchers must complete and agree to the terms and conditions of The Manchester Brain Bank tissue request form,
* All requests will be reviewed by The Manchester Brain Bank Management Committee, who will assess the applications on their scientific merit and ethical use of tissue. Comments will be fed back to applicants
* Applications for tissue from not for profit organizations will generally be in the context of a peer reviewed research grant. Where this is not the case that the scientific content of the project should have been subject to some institutional peer review. The applicants must specify what internal peer review was carried out and provide a written report.
* The scientific content of application from for profit organizations must also undergo peer review before tissue will be released. Where the Management Committee feel that they do not have the relevant expertise, we will approach suitable experts from the Research Advisory Panel of the Alzheimer’s Research Trust or Alzheimer’s Society to critically and confidentially review the scientific content of applications from for profit organizations.

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Human Tissue Request Form

**CONFIDENTIAL**

**Please complete and e-mail to Dr Andrew Robinson at the Manchester Brain Bank (****andrew.c.robinson@manchester.ac.uk****).**

**REQUESTED BY** (*Full Name, Title*): Click here to enter text.

**POSITION**: Click here to enter text.

**INSTITUTION ADDRESS:** Click here to enter text.

**Tel:** Click here to enter text.

**Fax:** Click here to enter text.

**e-mail**: Click here to enter text.

**TITLE OF RESEARCH PROJECT:** Click here to enter text.

**COLLABORATORS WITHIN AND OUTSIDE THE ABOVE INSTITUTE:** Click here to enter text.

**IS THIS PART OF A PEER REVIEWED GRANT APPLICATION?** Click here to enter text.

*IF YES, PLEASE GIVE THE TITLE OF THE GRANT APPLICATION, FUNDING BODY AND DURATION OF FUNDING.*

Click here to enter text.

**IF THIS IS NOT PART OF A PEER REVIEWED GRANT APPLICATION PLEASE PROVIDE EVIDENCE OF INSTITUTIONAL SUPPORT AND PEER REVIEW.**

Click here to enter text.

**HAS ETHICAL PERMISSION BEEN SOUGHT OR OBTAINED FOR THIS PROJECT? PLEASE GIVE DETAILS. A COPY OF THE APPROVAL LETTER SHOULD BE SENT TO THE TISSUE BANK MANAGER.**

Click here to enter text.

**TISSUE REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Control** | **Disease 1 (specify)** | **Disease 2(specify)** | **Disease 3 (specify)** |
| **No of Cases** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Brain Areas (specify)** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **HOW DO YOU REQUIRE THE TISSUE?** |
| FROZEN TISSUE – SAMPLES (give size/weight) | Click here to enter text. |
| FIXED TISSUE SAMPLE / PARAFFIN PROCESSED BLOCK? (delete as applicable & give approx size) | Click here to enter text. |
| PARAFFIN SECTIONS (specify no. of slides per brain area & thickness) | Click here to enter text. |
| OTHER INFORMATION REQUIRED (e.g. further constraints, PM delay, clinical information needed) | Click here to enter text. |

**Project outline: Please provide a summary of the protocol and include the necessary background, aims, justification for the type of tissue requested, sample size and number of patients tissue requested from, techniques to be used, results of pilot studies and expected benefits to research into neurodegenerative or other dementing illness: (Add additional pages where necessary). This will be used to judge the value of the work against tissue availability.**

Click here to enter text.

**A WRITTEN REPORT (FOLLOWING GUIDELINES IN ATTACHED DOCUMENT) ON THE RESULTS OF THE STUDY SHOULD BE SENT TO THE MANCHESTER BRAIN BANK NO LATER THAN TWELVE MONTHS AFTER THE SUPPLY OF THE TISSUE.**

**ANY PUBLICATIONS ARISING FROM TISSUE SUPPLIED BY THE MANCHESTER BRAIN BANK MUST ACKNOWLEDGE THE MANCHESTER BRAIN BANK AND A COPY OF THE PUBLICATION FORWARDED TO THE MANCHESTER BRAIN BANK. THE ACKNOWLEDGEMENT SHOULD READ:**

**“Tissue samples were supplied by The Manchester Brain Bank, which is part of the Brains for Dementia Research Initiative, jointly funded by Alzheimer’s Society and Alzheimer’s Research UK”**

**Project outline – LaY Summary (**Please provide the necessary background, aims, justification for the type of tissue requested in lay terms)

Please explain any biological terms and write your summary using the following headings:

* Simplified version of your project title

Click here to enter text.

* What are you investigating? / What problem(s) are you addressing?

Click here to enter text.

* What research questions are you testing

Click here to enter text.

* Which areas of the brain will you use & why?

Click here to enter text.

* What will you do with them?

Click here to enter text.

* How will the outcomes of your research eventually help people with neurodegenerative disorders?

Click here to enter text.

**Conditions for accepting post-mortem human material from The Manchester Brain Bank (additional to accompanying MTA)**

1. I note that all procedures used by The Manchester Brain Bank in the procurement, storage and distribution of tissue have been approved by the Newcastle & North Tyneside 1 Research Ethics Committee (**09/H0906/52+5**).
2. I will provide a short written summary of the work performed on Material supplied by The Manchester Brain Bank one year after I have received the samples as well as on completion of the project (an email reminder will be sent). In addition, and upon request by The Manchester Brain Bank, I shall supply information on the use and fate of the Material that I have received from The Manchester Brain Bank, including the availability of any unused Material.
3. I agree to cite the contribution made by The Manchester Brain Bank in the “Materials and Methods” and “Acknowledgements” section of all publications arising from research performed on material that it has supplied and will send copies of such publications to The Manchester Brain Bank Manager. The Manchester Brain Bank should be acknowledged in the following manner:

**“Tissue samples were supplied by The Manchester Brain Bank, which is part of the Brains for Dementia Research programme, jointly funded by Alzheimer’s Research UK and Alzheimer’s Society.”**

The Manchester Brain Bank shall be entitled to use the contents of such publications for the promotion of the work of The Manchester Brain Bank. Members of The Manchester Brain Bank may request co-authorship when the provision of tissue has required particularly time consuming protocols.

**Cost recovery**

In line with a sustainable future for brain banking, The Medical Research Council (MRC) and associated charities have introduced a cost recovery scheme for the provision of tissue. The tariff has been standardised and is being implemented across the UK Brain Bank Network, of which Manchester Brain Bank is a member. The tariffs are as follows:

|  |  |
| --- | --- |
| **Type of sample** | **Cost (£)** |
| **Academic institutions** | **Commercial users** |
| Unstained paraffin section/slide | 5 | 10 |
| Unstained frozen section/slide | 15 | 30 |
| Frozen tissue sample | 25 | 50 |
| Sections from wet formalin fixed tissue | 25 | 50 |
| DNA/RNA samples of brain homogenates | 25 | 50 |
| Tissue homogenates | 25 | 50 |
| Fresh tissue samples | 25 | 50 |
| CSF | 25 | 50 |
| Paraffin block | 50 | 100 |
| Administrative costs (priced in increments) | 20-50 | 100 |
| Packaging | 10-20 | 40 |
| Delivery  | variable | variable |
| Retrieval of additional data from clinical notes (simple/complex requests) | 25/50 | 50/100 |

Please note that not all sample types listed are available from Manchester Brain Bank. Advice will be given upon receiving the tissue request.

 Payment can be made either by **bank transfer** or through **purchase order and invoicing**. If payment is made through purchase order and invoicing, it is necessary that a copy of your purchase order and a purchase order reference is sent to the Brain Bank Manager. The request will not proceed without this information.

**Signature of the Tissue requester:**

Signed: …………………………………………………………………

Name: …………………………………………………………………

Date: ………..……………………………………………………….

**Signature on behalf of the Sponsor:**

Signed: …………………………………………………………………

Name: …………………………………………………………………

Date: ………..………………………………………………………..

Position Held: ..........................................................…………………………

**INTERNAL USE ONLY:**

**Date tissue request received:**

**Approval by Brain Bank Committee confirmed:**

**Tissue Request Sanctioned by (Name of Management Committee member):**

**Date tissue supplied to user:**

**Progress report expected by:**

**Date report received:**

**Details of publications arising from the supplied tissue:**