**Supplementary Application Form**

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| Project number: |

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| **Applicant information** | |
| Date |  |
| Name Applicant |  |
| Institute/company |  |
| Department |  |
| Street + number |  |
| Postal code and city |  |
| Country |  |
| Phone |  |
| Email address |  |
| Estimated end date of supplementary project |  |

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| **Title of the research project** |
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| **Information on requested material** | |
| If possible, please visit our online database [**e-nbb.org**](https://www.e-nbb.org/) to make a selection of tissues you are interested in. Please download your selection to generate an Excel file and send this along with your application form. This will significantly accelerate and facilitate your application process.  Please note: completing the form below is mandatory. Fill in n/a if any section is not applicable. | |
| 1. **Patients** | |
| 1. Diagnosis *(e.g. Alzheimer’s disease)* |  |
| 1. In/exclusion criteria and possible stages *(e.g. Braak stages)* |  |
| 1. Number of patients |  |
| 1. Brain samples *(precise anatomical boundaries)* |  |
| 1. Treatment of tissue *(fixation, freezing, medium, etc.)* |  |
| 1. Maximum post mortem delay |  |
| 1. Age range and gender |  |
| 1. **Controls** | |
| 1. In/exclusion criteria |  |
| 1. Number of controls |  |
| 1. Brain samples *(precise anatomical boundaries)* |  |
| 1. Treatment of tissue *(fixation, freezing, medium, etc.)* |  |
| 1. Maximum post mortem delay |  |
| 1. Age range and gender |  |
| **Please note**: make sure the requested number of samples covers the overall scope of the project. Changes in your application (e.g. requesting additional samples at a later stage) will cause delays. Your application may need to be re-reviewed by the scientific committee. | |

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| **Motivation for requesting supplementary samples**  *Please explain how this supplementary request relates to the original tissue request, and why these additional samples are requested.*  *Please include a summary of (preliminary) results and workplan for the use of the supplementary samples, if applicable.* |
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Please return the completed application form to [eNBB@nin.knaw.nl](mailto:eNBB@nin.knaw.nl).