



## Application for a permit to access biological specimens and data in the Core Repository for Neurological Disorders

### A. Applicant Information:

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|---|
| <b>Name:</b>  |
| <b>Title:</b>   |
| <b>Institution:</b>   |
| <b>Address:</b>   |
| <b>City:</b>  |
| <b>State:</b>   |
| <b>ZIP:</b>   |
| <b>Telephone:</b>   |
| <b>Email:</b>   |
| <b>Principal Investigator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date of Application:</b>   |
| <b>Proposed Start Date:</b>   |

### B. Proposed Investigations:

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|---|
| <b>Proposed Project Title:</b>  |
| <b>Please include a brief project summary describing the hypothesis, aims, background/rational in support of study, brief description of the primary methods, and intended use of data/samples.</b> |
| <b>Do you have funds to support this project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |

### C. Data/Specimens Requested:

| TYPE  | TYPE OF PARTICIPANT | # OF SAMPLES | VOLUME/CONCENTRATION |
|---|---------------------|--------------|----------------------|
| <input type="checkbox"/> DNA  |                     |              |                      |
| <input type="checkbox"/> OTHER  |                     |              |                      |
| <b>Please list type of data requested (including related diagnosis or participant type if known) as well as how many samples and how much DNA will be needed:</b> |                     |              |                      |
| <b>Justification for the number, type, and quantity of data and bio-specimens required:</b>   |                     |              |                      |
| <b>Will this project take place at BCH or offsite at another facility? Please explain why.</b>  |                     |              |                      |

### Investigator Assurances:

1. Recipient agrees to abide by the terms and conditions set forth by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
2. This research material may only be utilized in accordance with the conditions stipulated by the IRB responsible for the Core Repository. Any additional use of this material that falls under the characterization of Human Subject Research will require review and approval by the IRB responsible for the Core Repository.

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**Signature of Principal Investigator**

**Date**

**Please submit your signed request and any required attachments to the Principal Investigator of the Core Repository:**

**Mustafa Sahin, MD, PhD**

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CLS 14073, Neurology Research  
3 Blackfan Circle  
Boston, MA 02115  
Phone: 617-919-4518  
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