



NeuroBank Service Request

NeuroBank
Neuroscience Research Priority Area
Tritia Yamasaki, MD, PhD, NeuroBank Director

Instructions: Complete the following form, attach any other required documents (IRB Approval, CV) and return to NeuroBank@uky.edu

Date: _____

Contact Information

Principal Investigator: _____

Institution: _____ Department: _____

Address: _____

City, State, Zip Code: _____

Email: _____ Phone Number: _____

Co- Investigators: _____

Lab Contact Person: _____

Email: _____ Phone Number: _____

Service Requested

- Specimen Searching
- Sample Collection
- Phlebotomy (if available)
- Sample Processing
- Sample Banking
- Sample Shipping (all shipping materials and completed label must be provided)
- Other _____



Study Information

IRB Approval Number (or attach approval document): _____

IRB Continuation Review Date: _____

Name of Study: _____

Purpose of Study: _____

University of Kentucky NeuroBank User Agreement

Please Read and Sign for the Following Statements:

The UK NeuroBank relies on a number of metrics to remain funded and provide research infrastructure for the University of Kentucky. The NeuroBank relies on these citations as a critical performance measure when reporting annual productivity to the Office of the Vice President for Research. If you used NeuroBank services, facilities, or tools the following text is recommended:

“This project was supported by the University of Kentucky Neuroscience Research Priority Area’s NeuroBank, through the OVPR Research Priorities Initiative.”

On occasion, NeuroBank will send electronic surveys requesting information from you. As a recipient of NeuroBank services/samples, you agree to complete these confidential data-gathering efforts which are used for the purposes of evaluation.

Please select the attestation button below to agree to these terms.

* must provide value

I agree to provide specific acknowledgment of the UK NeuroBank and the Neuroscience Research Priority Area in any publications related to the use of these samples and provide reprints when available. I further agree to respond to evaluative surveys in an effort to improve NeuroBank services. I understand that submitting a service request form does not guarantee services will be provided. If the UK NeuroBank has reason to believe that you or other members of your research group have not complied with this user agreement, the violation will be reviewed by our Advisory Committee and a range of options will be considered including the immediate suspension of any further sample distribution to you in the future, and/ or lesser alternative sanctions.

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. I may decline to electronically sign this document and withdraw my consent to sign this document electronically by contacting the signature requestor directly, which may delay transactions. I may contact the signature requestor separately to request to sign this document on paper or to receive a paper copy of the signed document.

PI Printed Name: _____

PI Signature and Date: _____