

# YALE ADRC

Alzheimer Disease Research Center

Yale University  
School of Medicine

## DATA REQUEST FORM

**De-identified or limited data sets will be supplied upon approval of the Executive Committee.**

Data Use Agreement: Data is provided under a data use agreement: if these data are used for an abstract, a manuscript, or a grant application, then the requester will notify the Administrative Core. Also, the data is not to be shared with any other party regardless of that party's intentions. Violation of this agreement may lead to the denial of future requests.

I agree to provide specific acknowledgment and cite the Yale ADRC and its NIH grant number (P30-AG047270) in scientific publications, presentations or grant proposals related to the use of this and provide reprints when available.

**I have read and understand the above policy.** \_\_\_\_\_(check mark required)

Note: Please submit completed form to Charlene Bloch, Administrator [[adrc@yale.edu](mailto:adrc@yale.edu)]

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**Submission Date:** \_\_\_\_\_ **Principal Investigator:** \_\_\_\_\_  
**Academic Affiliation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**IRB Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

This request is made for the following purpose(s) (check all that apply):

- \_\_\_ Grant research - Funding Agency: \_\_\_\_\_ Grant Number: \_\_\_\_\_
- \_\_\_ Grant Submission
- \_\_\_ Manuscript
- \_\_\_ Pilot Study - Funding Agency: \_\_\_\_\_
- \_\_\_ Mailing List
- \_\_\_ Recruitment
- \_\_\_ Abstract - Conference or Presentation - Specify: \_\_\_\_\_
- \_\_\_ Other - Specify: \_\_\_\_\_

**Briefly describe the data request (100 to 250 words):**