

HD Roster Research Request

Thank you for your interest in utilizing the resources offered by the National Research Roster for Huntington Disease Patients and Families (the Roster). Please complete the following:

PI Name:

Institution:

Address:

City: State: Zip:

Phone #: Fax #:

Email:

Study Coordinator Name:

Phone #: Fax #:

Email:

PROJECT TITLE:

You will need to submit the following documents with your request:

- Study proposal, should outline study design, study purpose, method of data collection with complete example provided (e.g. proposed questionnaire, phone screen, etc.)
- IRB approved informed consent
- IRB approval from institution for the study
- Inclusion/exclusion criteria
- Number of participants needed for study

Your request and supporting documents will be reviewed by the Roster Scientific Advisory Committee. Upon approval, we will contact you about preparing a subject recruitment letter that will be mailed to Roster contacts. Please remember that:

- A nominal fee depending on the scope of the mailing will be charged to cover the cost of postage and envelopes.
- The HD Roster must be cited in any publications, conferences, or any other presentations of material resulting from the HD Roster use. Please use one of the following acknowledgement languages below:
 - In the text body to reference: Subjects (data) were recruited from the National Research Roster for Huntington Disease Patients and Families (HD Roster), located at Indiana University School of Medicine.
 - In the acknowledgments at the end of the paper: Our thanks to the National Research Roster for Huntington Disease Patients and Families (HD Roster), located at Indiana University School of Medicine.
- The HD Roster should receive a copy of any cited materials for our files.