

NRR SAMPLE REQUEST FORM

Investigator Name:

Study Title:

IRB Protocol Number:

IRB Approval Date:

NRR Review Committee Approval Date:

Total number and type of samples approved for:

Total number and type of samples received to date:

Brief description of samples requested:

Sample Diagnosis Group:

- | | |
|--|---|
| <input type="checkbox"/> ANEURYSM | <input type="checkbox"/> TUMOR |
| <input type="checkbox"/> ANEURYSM-SAH | <input type="checkbox"/> SEIZURE/EPILEPSY |
| <input type="checkbox"/> SAH-ANGIO NEGATIVE | <input type="checkbox"/> HYDROCEPHALY |
| <input type="checkbox"/> ANEURYSM-UNRUPTURED | <input type="checkbox"/> TBI |
| <input type="checkbox"/> VASCULAR MALFORMATION | <input type="checkbox"/> TBI-FALL LESS THAN 10 FT |
| <input type="checkbox"/> CAROTID STENOSIS | <input type="checkbox"/> SAH-TBI |
| <input type="checkbox"/> MOYAMOYA | <input type="checkbox"/> EDH-TBI |
| <input type="checkbox"/> AVM | <input type="checkbox"/> SDH-TBI, ACUTE |
| <input type="checkbox"/> DURAL FISTULA | <input type="checkbox"/> SDH-TBI, CHRONIC |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> ACUTE ON CHRONIC TBI |
| <input type="checkbox"/> CVA | <input type="checkbox"/> SCI-TRAUMA |
| <input type="checkbox"/> ICH | <input type="checkbox"/> SPINE-ELECTIVE/DEGENERATIVE DISEASE |
| <input type="checkbox"/> CHIARI | <input type="checkbox"/> INFECTIONS (EG., BRAIN OR SPINE ABSCESS) |
| <input type="checkbox"/> TRIGEMINAL NEURALGIA | <input type="checkbox"/> FAMILY MEMBER |
| <input type="checkbox"/> CYST | |

| SAMPLE TYPE | TIME POINT | | | | | Min Vol |
|--|------------|---|---|---|---|---------|
| | 1 | 2 | 3 | 4 | 5 | |
| LAVENDER TOP TUBE BLOOD | 1 | 2 | | | | |
| PINK TOP TUBE BLOOD - platelet poor plasma | 1 | 2 | 3 | 4 | 5 | |
| SERUM RED TOP | 1 | 2 | 3 | 4 | 5 | |
| LIGHT BLUE TUBE CITRATE BLOOD | 1 | 2 | 3 | 4 | 5 | |
| BUFFY COAT | 1 | 2 | 3 | 4 | 5 | |
| ACD TUBE - Red Cells | 1 | | | | | |
| ACD TUBE - White Cells | 1 | | | | | |
| PAXGENE TUBES BLOOD | 1 | | | | | |
| SALIVA – ORAGENE | 1 | | | | | |
| SALIVA | 1 | 2 | | | | |
| TISSUE - BLOOD CLOT | 1 | | | | | |
| TISSUE _EPILEPSY | 1 | | | | | |
| TISSUE _TUMOR | 1 | | | | | |
| TISSUE _ANEURYSM | 1 | | | | | |
| CSF | 1 | 2 | 3 | 4 | 5 | |