



## **BRAIN UK**

## **UK Brain Archive Information Network**

# **Application Form**

Please complete all sections of this form and send a signed electronic copy (with supporting documents) to <a href="mailto:brainuk@soton.ac.uk">brainuk@soton.ac.uk</a>

## **Contact Details:**

BRAIN UK
Clinical Neurosciences
Faculty of Medicine, University of Southampton
Southampton General Hospital
Southampton
SO16 6YD

e-mail: <a href="mailto:brainuk@soton.ac.uk">brainuk@soton.ac.uk</a>
Website: <a href="mailto:http://www.brain-uk.org">http://www.brain-uk.org</a>

	T		Т
Title:	First name:		Surname:
Name of Organisation			
Division or Departmen	nt:	<del></del>	
Contact email:		Contact telephone:	
Full Postal Address:			
Contact Person (if dit  Title:	fferent from PI named a First name:	ıbove)	Surname:
Name of Organisation			1
Division or Departmen			
Contact email:		Contact telephone:	
Full Postal Address:			
*This is usually the institution with and support from the Has the study received of the study intend	e sponsoring local institute of a favourable opinion from a copy of the approval leto perform genetic analletails and include a cons	and needs to be rom a UK Resetter from the E	not BRAIN UK). It is to ensure compliance done before the study becomes active search Ethics Committee? Yes/No Ethics Committee.  Yes/No he potential ethical implications and
Has the study secure		funding:	

## 1. Details of tissue and/or data requirements

Number of cases re	equired		
Please provide either a specific number or a range (e.g. 10-20). If number is dependant on availability of cases, please provide both a minimum and an "ideal" number.			
or cases, please prot	nde botti a minimum and an idear number.		
Diagnosis			
	detail as possible, for example, using the diagnosis, historic or alternate names,		
any useful terms rela	table to a neuropathological diagnosis or report, SNOMED number or other coding		
Data relating to the	e cases that you require		
_	o the cases, if this is an important variable in your research		
3			
If you have already	videntified potential cases, please provide the details		
	letails you have, such as: Participating Centre, contact name, laboratory numbers		
etc.			
Type of tissue requ	ired*Please highlight those that apply		
Post-mortem			
Biopsy (from living p	patients)		
Formalin Fixed Para	affin Embedded (FFPE)		
Frozen			
None (Data Only)			
Other*Please specify			

## 2. Study Protocol

Please complete the sections below thoroughly and concisely. Omissions and incomplete sections will result in a delayed review process. If available, please also attach a copy of local or external peer review of the study. Please feel free to contact us for advice.

## Study Title

## • Contacts And Co-Investigators (If Applicable)

Names, titles and contact information for:

- o Investigators not already listed
- o Addresses and contact information for all study sites

## Lay Summary

Please provide a brief summary (around 200 words) of the application in a form suitable for publication on the BRAIN UK website, using language easily understood by the public. The BRAIN UK website<sup>1</sup> provides guidance about writing a good lay summary.

#### Abbreviations

## Background

- Literature review
- o Clear explanation of research
- Potential benefits
- Feasibility/time scale

#### Aims

Purpose of study

### Study Design And Methods

- o Inclusion and exclusion criteria
- Methodology use of tissue
- Justification for sample size

### Analysis

Statistical methods

## Publication

How will the findings be disseminated?

### Further Work

Highlight any proposed follow on work

## References

<sup>&</sup>lt;sup>1</sup> How to Write a Good Lay Summary

#### 3. BRAIN UK Terms and Conditions

## I agree to the following:

- 1. I have read, understood and agree to the generic ethical approval conditions in Appendix 1.
- 2. The favourable ethical opinion from BRAIN UK is only applicable to the study detailed in the approved application and is only valid if these conditions and those outlined in Appendix 1 are met.
- 3. Tissue or data will be used solely for the purposes of the research study outlined in this protocol and only by those named in this application (or local researchers working under the direction of named individuals).
- 4. I will not pass on tissue or data to third parties unless it is part this study protocol or has the written permission of the supplying centre.
- 5. I will meet all costs relating to my request, such as retrieval of data, processing and transport of samples.
- 6. I will not exhaust material supplied as tissue blocks.
- 7. I assume all responsibility and risk for the receipt, storage, handling and use of all tissues received. BRAIN UK does not accept any responsibility for any injury, damages or loss incurred as a direct or indirect result of their use, or for the transportation of human tissues from the supplying centre to the Applicant (or any other recipient). BRAIN UK will not physically handle or transport any tissue on behalf of either a Participating Centre or a researcher.
- 8. Tissues are provided with no guarantee of their fitness for a particular application or purpose. BRAIN UK makes no guarantees as to the accuracy of any diagnosis or to the safety or integrity of any tissues released by any Participating Centre. BRAIN UK cannot guarantee that tissues are devoid of infectious agents, including prion disease.
- 9. Researchers will ensure that they comply with the Human Tissue Act<sup>2</sup>, the Human Tissue Authority Codes of Practice and any other appropriate legislation dealing with the use of human tissue in research. Recipients outside of the UK will ensure that they comply with local laws and regulations.
- 10. I will ensure that staff are appropriately trained in and adhere to the dangers and procedures in handling human tissues, local conditions and Health and Safety regulations.
- 11. I will provide BRAIN UK with an annual report of research on this study and a closing report upon completion.
- 12. On completion of the study, I will dispense with any remaining tissue as agreed in the Materials Transfer Agreement (MTA). If not specified in the MTA, I will contact the supplying centre to ask their requirements. I understand that the options will be to either: transfer the tissue back to the originating centre or to an alternative HTA-licensed establishment; apply for a HTA licence; apply for specific project approval from a Research Ethics Committee (REC); or to dispose of the human tissue. I will appropriately document the agreement.

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<sup>&</sup>lt;sup>2</sup> Either Human Tissue Act 2004 <a href="http://www.legislation.gov.uk/ukpga/2004/30/contents">http://www.legislation.gov.uk/ukpga/2004/30/contents</a> or Human Tissue (Scotland) Act 2006 <a href="http://www.legislation.gov.uk/asp/2006/4/contents">http://www.legislation.gov.uk/asp/2006/4/contents</a>

- 13. Co-authorship of any resultant papers can be negotiated between the custodians of the originating archive(s), members of BRAIN UK and the Principal Investigator on a case-by-case basis.
- 14. I will acknowledge BRAIN UK and each NHS Trust that provided tissue in any publication arising from its use, with the wording and reference below: 
  'Tissue samples were obtained from [name(s) of NHS Trust(s)] as part of BRAIN UK, supported by Brain Tumour Research, the British Neuropathological Society and the Medical Research Council.'

Please cite this BRAIN UK reference in your methods section: Nicoll JAR, Bloom T, Clarke A, Boche D, Hilton D. BRAIN UK: Accessing NHS tissue archives for neuroscience research. Neuropathol Appl Neurobiol. 2022 Feb;48(2):e12766. doi: 10.1111/nan.12766. Epub 2021 Sep 28. PMID: 34528715.

Signature of Principal Investigator*	
Date	
For completion by the Head of Depar	tment where research primarily takes place.
I confirm that I am aware of this study a completion.	nd that the necessary resources are available for its
Name of Head of Department	
Signature of Head of Department*	
Date	
*Scanned signatures are acceptable	

BRAIN UK and the network of Participating Centres aim to exercise responsible stewardship of archived neurological tissues and to maximize their benefits to research. The information requested is to enable all applications to be considered fairly and consistently and to fulfil our ethical obligations. All information is treated in the strictest confidence and is processed in accordance with the Data Protection policies of the University of Southampton.

## 4. Appendix 1 - NHS Health Research Authority Conditions of Ethical Approval

Studies fulfilling the approval criteria will be able to study tissue derived through BRAIN UK without the requirement for their own ethical approval. Below is an extract of the NHS Health Research Authority Conditions of Ethical Approval for BRAIN UK that are also applicable to Applicants. For the purposes of this application the term "Bank" is interpreted to mean BRAIN UK and "Committee" is the BRAIN UK Committee.

## 4. "Generic ethical approval for projects receiving tissue

- 4.1. Samples of human tissue or other biological material may be supplied and used in research projects to be by researchers and research institutions external to the Bank within the UK and in other countries in accordance with the following conditions.
  - 4.1.1. The research project should be within the fields of medical or biomedical research described in the approved application form.
  - 4.1.2. The Bank should be satisfied that the research has been subject to scientific critique, is appropriately designed in relation to its objectives and (with the exception of student research below doctoral level) is likely to add something useful to existing knowledge.
  - 4.1.3. Where tissue samples have been donated with informed consent for use in future research ("broad consent"), the Bank should be satisfied that the use of the samples complies with the terms of the donor consent.
  - 4.1.4. All samples and any associated clinical information must be non-identifiable to the researcher at the point of release (i.e. anonymised or linked anonymised).
  - 4.1.5. Samples will not be released to any project requiring further data or tissue from donors or involving any other research procedures. Any contact with donors must be confined to ethically approved arrangements for the feedback of clinically significant information.
  - 4.1.6. A supply agreement must be in place with the researcher to ensure storage, use and disposal of the samples in accordance with the HTA Codes of Practice, the terms of the ethical approval and any other conditions required by the Bank.
- 4.2. A research project in the UK using tissue provided by a Bank in accordance with these conditions will be considered to have ethical approval from the Committee under the terms of this approval. In England, Wales and Northern Ireland this means that the researcher will not require a licence from the Human Tissue Authority for storage of the tissue for use in relation to this project.
- 4.3. The Bank may require any researcher to seek specific ethical approval for their project. Such applications should normally be made to the Committee and booked via the NRES Central Allocation System.
- 4.4. A Notice of Amendment form should be submitted to seek the Committee's agreement to change the conditions of generic approval. "