

# The National Alopecia Areata Registry

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**REQUEST FOR USE OF Alopecia Areata Registry SAMPLES**  
**UTMDACC PROTOCOL LAB00-391      NIH/NIAMS Contract #N01-AR-6-2279**

DATE

INVESTIGATOR  
ADDRESS

Dear INVESTIGATOR,

Thank you for your interest in the National Alopecia Areata Registry. To utilize the Registry as a resource of affected individuals, any research proposal must have both local IRB and Registry Steering Committee approval. Please follow these steps:

1. Fill out the attached Sample Request Form on page two.
2. Attach a copy of the approval of your project by your local IRB, including the expiration date. Attach waiver of Informed Consent and Authorization.
3. Attach a one-page brief summary of the IRB-approved research proposal, including:
  - The title of the study
  - The hypothesis or specific aims of the study
  - The methods to be used
4. Attach a three-page NIH Biographical sketch, with the source of your project support and funding (<http://grants1.nih.gov/grants/funding/2590/2590.htm>).

The National Alopecia Areata Registry Steering Committee will review your proposal summary. The Registry staff will provide for the Steering Committee a statement on the current inventory of samples (along with breakdown of the individual disease groups and types) and the impact of your Sample Request on the remaining inventory. The Registry staff will provide the investigator with the appropriate Material Transfer Agreement for signature. There will be a shipping and handling charge for mailing samples to investigators.

Sincerely,

Madeleine Duvic, M.D.

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Date of Submission:

Investigator Name(s):

Institution/Affiliation:

Address:

Telephone:

Fax:

Email:

IRB Protocol Number and Date of Most Recent Approval:

Funding Sources: There will be a charge for preparation and mailing of samples. (You may include this in your Biographical sketch.)

Justify the use of Registry materials:

Number and Type of specimens requested: *Please give micrograms or microliters per patient and justify the amount*

Data

Sera

DNA

LB lines

Shipping address (if different):

Need by:

I will acknowledge the Registry name and contract number in any publications resulting from use of this information—Please circle: YES NO

I will not give these samples to another lab without the permission of the Steering Committee and NIH/NIAMS—Please circle: YES NO

I will waive Informed Consent and Authorization— Please circle: YES NO

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**To Be Filled Out Only By Registry Staff**

1. Attach current Registry inventory of samples.
2. Attach current Registry inventory of samples by disease type and group.
3. Attach impact of this Sample Request on the remaining inventory.