

**APPLICATION TO USE  
MICHIGAN ALZHEIMER'S DISEASE RESEARCH CENTER (MADRC)  
CLINICAL CORE RESOURCES**

**Applicant:**

**Phone:**

**Institution:**

**Fax:**

**Mailing Address:**

**Email Address:**

**Title of Application:**

**Funding Agency:**

**Funding Application Deadline (if any):**

**Grant Number:**

**Total Direct Costs:**

**Project Period:**

**IRB APPROVAL # & DATE:**

**The MADRC Subject Registry consists of individuals who have signed an authorization for researchers to contact them regarding dementia-related studies and to allow their medical records to be reviewed by MADRC-related investigators for these studies.**

**Do you want the MADRC to identify subjects? YES\_\_\_ NO\_\_\_**

**Types of subjects needed (age range, diagnosis, exclusions, etc.):**

**Total Number of Subjects Needed:**

**If neuropsychometric test data are required or testing is needed, please specify:**

**Are you requesting use of other MADRC resources (Education Core, Biostatistics Core)?**

**If so, please describe.**

**Please provide any other information that you believe would be helpful in our review. ATTACH A  
PROTOCOL FOR YOUR STUDY INCLUDING HYPOTHESIS, SPECIFIC AIMS, RESEARCH METHODS,  
ETC.**

**I have received a copy of the Policy for Michigan Alzheimer's Disease Research Center (MADRC)  
Core Support and agree to abide by the conditions stated therein. YES: NO:**