

NATIONAL ALZHEIMER'S COORDINATING CENTER

# Permission request form

Please complete this form and return it by email to [naccmail@uw.edu](mailto:naccmail@uw.edu).

Most NACC data-collection forms are available at no charge to investigators outside of the NIA Alzheimer's Disease Research Centers program. **To obtain permission, please complete and return this form describing the intended use of the forms you are requesting.**

REQUESTOR'S NAME

REQUESTOR'S EMAIL ADDRESS

PI'S NAME IF DIFFERENT FROM ABOVE

INSTITUTION OR COMPANY

INTENDED USE — Provide the title and a brief description (3–4 sentences) of the research project the requested materials will support, as well as the funding source(s). NOTE: NACC forms are to be used for **research purposes only**. Clinical use for diagnosis is not permitted.

Do you plan to translate the material?    No    Yes (SPECIFY LANGUAGE(S) BELOW):

## TRANSLATION CERTIFICATE

Please note that no translation certificate is provided for the non-English forms.

PERMISSION FORM CONTINUES ON NEXT PAGE

**NOTE: Before seeking permission to use the Neuropsychologic Battery** for UDS 1.2, UDS 2.0, or the C1 version of the UDS 3.0 battery, you must secure licensing agreements with the publishers of the following tests. A copy of the licensing agreement from each company must be submitted with this form before we can begin processing.

Test(s) requiring license agreement	Publisher
WAIS-R Digit Symbol Substitution Subtest WMS-R Digit Span Subtest WMS-R Logical Memory I Subtest	NCS Pearson Inc. <a href="http://www.pearson.com">www.pearson.com</a>
Mini-Mental State Examination (MMSE)	PAR <a href="http://www.parinc.com">www.parinc.com</a>
<b>English version</b> , Boston Diagnostic Aphasia Examination, 3 <sup>rd</sup> Edition Naming Test, 30 Odd-numbered Items	Pro-Ed <a href="http://www.proedinc.com">www.proedinc.com</a>
<b>Spanish version</b> , Boston Diagnostic Aphasia Examination, 3 <sup>rd</sup> Edition Naming Test, 30 Odd-numbered Items	Editorial Médica Panamericana <a href="http://www.medicapanamericana.com">www.medicapanamericana.com</a>

## Uniform Data Set (UDS)

### FULL PACKETS

In the table below, please indicate the version and language for which you are requesting permission:

	UDS VERSION						
	1.2		2.0		3.0		
Initial Visit Packet (IVP)	Eng	Span	Eng	Span	Eng	Span	Chi
Telephone Initial Visit Packet (TIP)					Eng	Span	
Follow-up Visit Packet (FVP)	Eng	Span	Eng	Span	Eng		Span
Telephone Follow-up Packet (TFP)	Eng	Span	Eng	Span	Eng, v3.2		Span, v3.2
Neuropsych Battery*	Eng	Span	Eng	Span	C2, Eng	C2, Span	C2, Chi
					C2T (T-cog), Eng		C2T (T-cog), Span
					C1, Eng		C1, Span

*\*The Neuropsych Battery is available only as a full packet.*

### INDIVIDUAL FORMS

In the table below, please list the form(s) and indicate version and language for which you are requesting permission:

FORM	UDS VERSION			LANGUAGE		
Initial:	1.2	2.0	3.0	Eng	Span	Chi
Telephone Initial:			3.0	Eng		Span
Follow-up:	1.2	2.0	3.0	Eng		Span
Telephone:	1.2	2.0	3.2	Eng		Span

## FTLD Module

### FULL PACKETS

In the table below, please indicate the version and language for which you are requesting permission:

	UDS/FTLD VERSION			
	2.0		3.0	
Initial Visit Packet (IVP)	Eng	Span	Eng	Span
Follow-up Visit Packet (FVP)	Eng	Span	Eng	Span
Neuropsych Battery*	Eng	Span	Eng	Span

\*The Neuropsych Battery is available only as a full packet.

### INDIVIDUAL FORMS

In the table below, please list the form(s) and indicate version and language for which you are requesting permission:

FORM	VERSION		LANGUAGE	
Initial:	2.0	3.0	Eng	Span
Follow-up:	2.0	3.0	Eng	Span

## LBD Module\*\*

### FULL PACKETS

In the table below, please indicate the packet for which you are requesting permission:

	Version	
Initial Visit Packet (IVP)	3.0	3.1
Follow-up Visit Packet (FVP)	3.0	3.1
Neuropsych Battery*	3.0/3.1	

\*The Neuropsych Battery is available only as full packet.

\*\*Available only in English at this time.

### INDIVIDUAL FORMS

Please list the form(s) for which you are requesting permission.

FORM(S)
Initial:
Follow-up:

## Neuropathology Form

Neuropathology Form, Version 11