



NATIONAL ALZHEIMER'S COORDINATING CENTER Permission Request Form

Please complete this form and return it by email to naccmail@uw.edu.

Most NACC data-collection forms are available at no charge to investigators outside of the National Institute on Aging's Alzheimer's Disease Research Centers (ADRC) 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:

Principal Investigator's (PI) 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 LANGUAGES BELOW**):

TRANSLATION CERTIFICATE

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

NOTE: Before seeking permission to use the Neuropsychologic Battery for UDSv2.0 or the C1 version of the UDSv3.0 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 1 Subtest	NCS Pearson Inc. www.pearson.com
Mini-Mental State Examination (MMSE)	PAR www.parinc.com
English version, Boston Diagnostic Aphasia Examination, 3rd Edition Naming Test, 30 Odd-numbered items	Pro-Ed www.proedinc.com
Spanish version, Boston Diagnostic Aphasia Examination, 3rd Edition Naming Test, 30 Odd-numbered items	Editorial Médica Panamericana www.medicapanamericana.com

UNIFORM DATA SET (UDS)

Full Packets

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

	Initial Visit Packet (IVP)	Telephone Initial Visit Packet (TIP)	Follow-up Visit Packet (FVP)	Telephone Follow-up Packet (TFP)
UDSv2.0	<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
UDSv3.0/3.2	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
UDSv4.0	<input type="checkbox"/> English, PDF <input type="checkbox"/> English, REDCap			

Neuropsychological Battery*

**The Neuropsychological Battery is available only as a full packet*

	English	Spanish	Chinese
UDSv2.0	<input type="checkbox"/> C1 Packet	<input type="checkbox"/> C1 Packet	
UDSv3.0	<input type="checkbox"/> C2 Packet <input type="checkbox"/> C2T (T-cog) Packet <input type="checkbox"/> C1 Packet	<input type="checkbox"/> C2 Packet <input type="checkbox"/> C2T (T-cog) Packet <input type="checkbox"/> C1 Packet	<input type="checkbox"/> C2 Packet
UDSv4.0	<input type="checkbox"/> C2 Packet, PDF <input type="checkbox"/> C2 Packet, REDCap <input type="checkbox"/> C2T (T-cog) Packet, PDF <input type="checkbox"/> C2T (T-cog) Packet, REDCap		

UNIFORM DATA SET (UDS) *(continued...)*

Individual Forms

In the table below, please list the form(s) (e.g., A3, B1) and indicate language for which you are requesting permission:

	English	Spanish	Chinese	
Initial:	<input type="checkbox"/> v2.0 <input type="checkbox"/> v4.0, PDF	<input type="checkbox"/> v3.0 <input type="checkbox"/> v4.0, REDCap	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0	<input type="checkbox"/> v3.0
Follow-up:	<input type="checkbox"/> v2.0	<input type="checkbox"/> v3.0	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0	
Telephone initial:	<input type="checkbox"/> v3.0		<input type="checkbox"/> v3.0	
Telephone follow-up:	<input type="checkbox"/> v2.0	<input type="checkbox"/> v3.2	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.2	

FTLD MODULE

Full Packets

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

	Initial Visit Packet (IVP)	Follow-up Visit Packet (FVP)
version 2.0	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
version 3.0	<input type="checkbox"/> English, PDF <input type="checkbox"/> Spanish	<input type="checkbox"/> English, PDF <input type="checkbox"/> English, REDCap <input type="checkbox"/> Spanish

Neuropsychological Battery*

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version 2.0	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
version 3.0	<input type="checkbox"/> English, PDF <input type="checkbox"/> English, REDCap	<input type="checkbox"/> Spanish

Individual Forms

In the table below, please list the form(s) (e.g., B3F, C4F) and indicate language for which you are requesting permission:

	English	Spanish
Initial:	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0, PDF <input type="checkbox"/> v3.0, REDCap	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0
Follow-up:	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0, PDF <input type="checkbox"/> v3.0, REDCap	<input type="checkbox"/> v2.0 <input type="checkbox"/> v3.0

LBD MODULE

Full Packets

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

	Initial Visit Packet (IVP)	Follow-up Visit Packet (FVP)
version 3.0	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap
version 3.1	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap

Neuropsychological Battery*

**The Neuropsychological Battery is available only as a full packet*

v3.0/3.1, PDF

v3.0/3.1, REDCap

Individual Forms

In the table below, please list the form(s) (e.g., B4L, D1L) for which you are requesting permission:

	v3.0	v3.1
Initial:	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap
Follow-up:	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap	<input type="checkbox"/> PDF <input type="checkbox"/> REDCap

NEUROPATHOLOGY FORM

Neuropathology Form, Version 11