NRR SAMPLE REQUEST FORM

Investigator Name:

Study Title:

IRB Protocol Number: IRB Approval Date:

NRR Review Committee Approval Date:

Total number and type of samples approved for:

Total number and type of samples received to date:

Brief description of samples requested:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Sample Diagnosis Group:

- ANEURYSM
- TUMOR
- ANEURYSM-SAH
- SEIZURE/EPILEPSY
- SAH-ANGIO NEGATIVE
- HYDROCEPHALY
- ANEURYSM-UNRUPTURED
- TBI
- VASCULAR MALFORMATION
- TBI-FALL LESS THAN 10 FT
- CAROTID STENOSIS
- SAH-TBI
- MOYAMOYA
- EDH-TBI
- AVM
- SDH-TBI, ACUTE
- DURAL FISTULA
- SDH-TBI, CHRONIC
- STROKE
- ACUTE ON CHRONIC TBI
- CVA
- SCI-TRAUMA
- ICH
- SPINE-ELECTIVE/DEGENERATIVE DISEASE
- CHIARI
- INFECTIONS (EG., BRAIN OR SPINE ABSCESS)
- TRIGEMINAL NEURALGIA
- FAMILY MEMBER
- CYST

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>TIME POINT</th>
<th>Min Vol</th>
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<tbody>
<tr>
<td>LAVENDER TOP TUBE BLOOD</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>PINK TOP TUBE BLOOD - platelet poor plasma</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>SERUM RED TOP</td>
<td>1</td>
<td>2 3 4 5</td>
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<tr>
<td>LIGHT BLUE TUBE CITRATE BLOOD</td>
<td>1 2 3 4 5</td>
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<tr>
<td>BUFFY COAT</td>
<td>1</td>
<td>2 3 4 5</td>
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<tr>
<td>ACD TUBE - Red Cells</td>
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<tr>
<td>ACD TUBE - White Cells</td>
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<tr>
<td>PAXGENE TUBES BLOOD</td>
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<tr>
<td>SALIVA – ORAGENE</td>
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<tr>
<td>SALIVA</td>
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<td>TISSUE - BLOOD CLOT</td>
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<td>TISSUE _EPILEPSY</td>
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<td>TISSUE_AEURYSM</td>
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