



### C. Data/Specimens Requested:

TYPE	TYPE OF PARTICIPANT	# OF SAMPLES	VOLUME/CONCENTRATION
<input type="checkbox"/> DNA			
<input type="checkbox"/> OTHER			
<b>Please list type of data requested (including related diagnosis or participant type if known) as well as how many samples and how much DNA will be needed:</b>			
<b>Justification for the number, type, and quantity of data and bio-specimens required:</b>			
<b>Will this project take place at BCH or offsite at another facility? Please explain why.</b>			

### Investigator Assurances:

1. Recipient agrees to abide by the terms and conditions set forth by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
2. This research material may only be utilized in accordance with the conditions stipulated by the IRB responsible for the Core Repository. Any additional use of this material that falls under the characterization of Human Subject Research will require review and approval by the IRB responsible for the Core Repository.

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**Signature of Principal Investigator**

**Date**

**Please submit your signed request and any required attachments to the Principal Investigator of the Core Repository:**

**Mustafa Sahin, MD, PhD**

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