

Fondazione Golgi Cenci

Corso San Martino 10 20081 Abbiategrasso

Fiscal code 90023310155 national research registry (MIUR): 60125ADW T. +39.02.94852265 www.golgicenci.it

To the Director of Golgi Cenci Foundation

Request for biological material

Applicant Information	<u>n</u>
First name, last name, professional qualification/position:	
A CC:1:	
Affiliation:	
Research Information	1
	ption of the research project (attach the project protocol):
Title and brief descrip	ption of the research project (attach the project protocor).
How the data/materi	als will be used within the research project:
Modality of publication	on/dissemination of results:
<u>Detailed description</u>	and quantity of requested material:
Responsible of the pr	<u>'oject</u> :
First and Last Name:	
e-mail:	
C mam	
Phone:	
Address:	
	Foundation must be informed about established mublications resulting
	Foundation must be informed about scientific publications resulting
	equested data/material and the scientific contribution of the Brain Bank
team must be taken in	nto consideration for a possible co-authorship or acknowledgment. This
application form is in	line with the BNE code of conduct (Klioueva, 2018).
Signature	Date

Figure 9