

MADC Data Request Form

The MADC manages well-characterized datasets to facilitate recruitment for MADC-supported projects and publications. Filling out this data request form will provide you an opportunity to see what resources are available in the MADC datasets. This may be a helpful step before completing the application to use MADC Clinical Resources.

Please fill in the requested information and send to Sherry Teboe at steboe@umich.edu. You will be contacted by an MADC staff member within two business days. For questions regarding completion of this form, please contact Sherry Teboe at 734-936-0836 or steboe@umich.edu.

MADC Confidentiality Agreement:

These data are to be used for informational purposes only. Any effort to determine the personal identity of any reported data is prohibited. Data requests, analyses and potential publications using the information contained in this database are subject to review by the Michigan Alzheimer's Disease Center (MADC). Distribution or release of data analysis files obtained from MADC to third parties is prohibited.

Downloading these data indicates that you accept the terms of this agreement; you agree to (1) maintain data confidentiality, and (2) will not distribute the data file to a third party.

Contact Information:

First Name:

Last Name:

Address:

Home Institution:

City

State:

Zip:

Email Address:

Phone Number:

Variables that can be queried:

From the options below, place a check mark next to the data you are requesting.

- Age
- Race
- Gender
- Handedness
- Education
- County
- MMSE
- MoCA
- Marital Status
- Clinical Diagnosis

Options:

- MCI
- Probable AD
- Probable AD/EP
- DLB
- FTD
- NL (normal or no cognitive complaints)

In the box below please list any specifics to the requested variables, i.e. age range, MMSE range, diagnosis.

Please select preferred file format:

- Excel
- SAS
- CSV

PI name (if different from contact name above):

Project title:

Institutional review board #:

Approval date:

Brief description (3 – 4 sentences) of project:

Please send completed form to Sherry Teboe at steboe@umich.edu or by fax at (734) 764-6444