

NATIONAL ALZHEIMER'S COORDINATING CENTER

Permission request

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

REQUESTOR'S NAME

REQUESTOR'S EMAIL ADDRESS

PI'S NAME IF DIFFERENT FROM THE ABOVE

INSTITUTION OR COMPANY

Describe study purpose and how forms will be used (3-4 sentences):

Do you plan to translate the material? No Yes (SPECIFY LANGUAGE(S)):

PLEASE CHECK BELOW the documents for which you are requesting permission.

Uniform Data Set (UDS) — Full packets (PLEASE INDICATE VERSION AND LANGUAGE BELOW)

	UDS Version					
	1.2		2.0		3.0	
Initial Visit (IVP)	Eng	Span	Eng	Span	Eng**	
Follow-up Visit (FVP)	Eng	Span	Eng	Span	Eng**	
Telephone Follow-up (TFP)			Eng	Span	Eng**	
Neuropsych Battery	Eng	Span	Eng	Span	C2,Eng**	C1,Eng**

UDS — Individual forms*; please specify:

FTLD Module — Full packets (PLEASE INDICATE VERSION AND LANGUAGE BELOW)

	UDS/FTLD Version			
	2.0		3.0	
Initial Visit (IVP)	Eng	Span	Eng**	
Follow-up Visit (FVP)	Eng	Span	Eng**	
Neuropsych Battery	Eng	Span	Eng**	

FTLD Module — Individual forms*; please specify:

**The Neuropsych Battery is available only as a full packet. ** The Spanish 3.0 version is not available at this time.*

