



DATA USAGE REQUEST FORM

Instructions: Please fill in the information below. State the specific data requested (e.g. RANN or CogRes or both, specific neuropsychological measures, particular neuroimaging data such as resting fMRI or T1). Include whether you need raw or preprocessed data. For Research objective and approach, please state the question(s) to be examined and the analyses to be performed. Please email the signed form to Ashley Mensing: anm2186@cumc.columbia.edu.

First Name: _____ Last name: _____

Academic Position (or Title): _____

Institution: _____ Department: _____

Street Address: _____

City: _____ State: _____ Zip/Postal: _____

Telephone: _____ FAX: _____

E-mail Address: _____

Data Requested:

Research objective and specific analytical approach:

Acceptance of RANN/CogRes data obligates the recipient to reference the appropriate grants from the list below supporting this project in any presentation or publication that may result from this research. Should publications result from the use of RANN/CogRes data now or in the future, the recipient agrees to notify the PI Dr. Yaakov Stern with details (reference or PubMedCentral ID#) and provide a copy of the publication so that RANN/CogRes may report productivity derived from our resources to the funding agency, the NIA. Such publications require compliance with National Institutes for Health (NIH) public access policies.

RANN: RF1AG038465

CogRes: R01AG026158

Signature: _____ Date: _____