

**ALZHEIMER'S DISEASE CENTER  
NEW STUDY PROPOSAL FORM**

<b>Study Title:</b>	
<b>PI:</b>	
<b>IRB Protocol #:</b>	<b>IRB Protocol Title:</b>
<b>Funding Source:</b>	
<b>Funds Proposed: \$</b>	<b>Timeline of Study: Start Date:</b>
	<b>End Date:</b>
<b>Brief Description of Study Goals/Methods/Aims:</b>	
<b># of Visits</b>	<b>Duration of each visit:</b>
	<b>Can subject e taking cholinesterase? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Scheduled for review by Executive committee:</b>	<b>Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> ADC#</b>

ADC Personnel Needed		% Effort

ADC Resources Needed	Yes	No	If Yes Explain
<b>Data Management</b>			
<b>Pilot Data</b>			
<b>Equipment</b>			
<b>Site/Space</b>			
<b>Other</b>			

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**Subject Requirements**

<b>Diagnosis:</b>	<b># of Subjects With This Diagnosis</b>
1)	
2)	
3)	

<b>Major Inclusions</b>		<b>Major Exclusions</b>	
1)		1)	
2)		2)	
3)		3)	
4)		4)	

**MMSE Score Range:** \_\_\_\_\_ **Age Range:** \_\_\_\_\_ **Education:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Site:** Sacramento  Martinez

**Neuropathology Data:**

**Neuropathology Procedures:**