

NATIONAL ALZHEIMER'S COORDINATING CENTER

# Permission request

Please complete this form and return it by email to [naccmail@uw.edu](mailto:naccmail@uw.edu).

REQUESTOR'S NAME \_\_\_\_\_ REQUESTOR'S EMAIL ADDRESS \_\_\_\_\_

PI'S NAME IF DIFFERENT FROM ABOVE \_\_\_\_\_ INSTITUTION OR COMPANY \_\_\_\_\_

INTENDED USE of requested material:

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

**NOTE: Before seeking permission to use the Neuropsychologic Battery** for UDS 1.2, UDS 2.0, or the C1 version of the UDS 3.0 battery, you must secure licensing agreements with the publishers of the following tests. A copy of the licensing agreement from each company must be submitted with this form before we can begin processing.

Test(s) requiring license agreement	Publisher
WAIS-R Digit Symbol Substitution Subtest WMS-R Digit Span Subtest WMS-R Logical Memory I Subtest	NCS Pearson Inc. <a href="http://www.pearson.com">www.pearson.com</a>
Mini-Mental State Examination (MMSE)	PAR <a href="http://www.parinc.com">www.parinc.com</a>
<b>English version</b> , Boston Diagnostic Aphasia Examination, 3 <sup>rd</sup> Edition Naming Test, 30 Odd-numbered Items	Pro-Ed <a href="http://www.proedinc.com">www.proedinc.com</a>
<b>Spanish version</b> , Boston Diagnostic Aphasia Examination, 3 <sup>rd</sup> Edition Naming Test, 30 Odd-numbered Items	Editorial Médica Panamericana <a href="http://www.medicapanamericana.com">www.medicapanamericana.com</a>

PERMISSION FORM CONTINUES ON NEXT PAGE

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)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Follow-up Visit (FVP)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Telephone Follow-up (TFP)			<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Neuropsych Battery*	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> C2,Eng	<input type="checkbox"/> C2,Span
					<input type="checkbox"/> C1,Eng	<input type="checkbox"/> C1,Span

**UDS — Individual forms\*** PLEASE SPECIFY FORM, VERSION, AND LANGUAGE:

FORM	UDS VERSION			LANGUAGE	
<b>Initial:</b> _____	<input type="checkbox"/> 1.2	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
<b>Follow-up:</b> _____	<input type="checkbox"/> 1.2	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
<b>Telephone:</b> _____	<input type="checkbox"/> 1.2	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> Eng	<input type="checkbox"/> Span

\*The Neuropsych Battery is available only as a full packet.

**FTLD Module — Full packets**

(PLEASE INDICATE VERSION AND LANGUAGE BELOW)

	UDS/FTLD Version			
	2.0		3.0	
Initial Visit (IVP)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Follow-up Visit (FVP)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Neuropsych Battery*	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span

**FTLD Module — Individual forms\***

PLEASE SPECIFY FORM, VERSION, AND LANGUAGE:

FORM	UDS VERSION		LANGUAGE	
<b>Initial:</b> _____ _____ _____	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
<b>Follow-up:</b> _____ _____ _____	<input type="checkbox"/> 2.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> Eng	<input type="checkbox"/> Span

\*The Neuropsych Battery is available only as a full packet.

**LBD Module — Full packets**

(PLEASE INDICATE VERSION AND LANGUAGE BELOW)

	Version 3.0
Initial Visit (IVP)	<input type="checkbox"/> Eng**
Follow-up Visit (FVP)	<input type="checkbox"/> Eng**
Neuropsych Battery*	<input type="checkbox"/> Eng**

**LBD Module — Individual forms\*** PLEASE SPECIFY:

FORM
<b>Initial:</b> _____
<b>Follow-up:</b> _____

\*The Neuropsych Battery is available only as a full packet. \*\*A Spanish version of the LBD Module is not currently available.