

RESET FORM



NATIONAL ALZHEIMER'S COORDINATING CENTER

# Permission request form

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):

**TRANSLATION CERTIFICATE**  
Please note that no translation certificate is provided for the non-English forms.

PERMISSION FORM CONTINUES ON NEXT PAGE

**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>

## Uniform Data Set (UDS)

### FULL PACKETS

In the table below, please indicate the version and language for which you are requesting permission:

	UDS VERSION					
	1.2		2.0		3.0	
Initial Visit Packet (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 Packet (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 Packet (TFP)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<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

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

### INDIVIDUAL FORMS

In the table below, please list the form(s) and indicate version and language for which you are requesting permission:

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

# FTLD Module

## FULL PACKETS

In the table below, please indicate the version and language for which you are requesting permission:

	UDS/FTLD VERSION			
	2.0		3.0	
Initial Visit Packet (IVP)	<input type="checkbox"/> Eng	<input type="checkbox"/> Span	<input type="checkbox"/> Eng	<input type="checkbox"/> Span
Follow-up Visit Packet (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

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

## INDIVIDUAL FORMS

In the table below, please list the form(s) and indicate version and language for which you are requesting permission:

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

# LBD Module

## FULL PACKETS

In the table below, please indicate the packet for which you are requesting permission:

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

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

\*\*Available only in English at this time.

## INDIVIDUAL FORMS

Please list the form(s) for which you are requesting permission.

FORM(S)
Initial:
Follow-up:

# Neuropathology Form

Neuropathology Form, Version 10