
item & total scores, Neuropsychiatric Inventory Questionnaire (NPI-Q) item & total scores, NACC Functional Assessment Scale (FAS) item & total scores, physical/neurological exam findings, clinician judgment of symptoms, neuropsychological battery summary scores, clinician diagnosis, clinician-assessed medical conditions, subject demographics (i.e., age, sex, years of education, race/ethnicity), and subject health history (i.e., stroke, transient ischemic attack, Parkinson's disease, seizures, traumatic brain injury, other neurological condition). The phenotypic information comes from the following forms within the NACC's UDS: forms A1, A5, B4, B5, B7, B8, B9, C1/C2, D1, and D2. The analysis will be quantifying the relationship between 1) the presence or absence of genetic variants previously identified to be associated with AD at a level of genome-wide significance and 2) changes in the aforementioned phenotypic data over time.

Explanation of how the proposed research is consistent with the data use limitations for the requested dataset(s):

NIAGADS data will be used only for the purpose of the master's thesis outlined above, which is being overseen by the PI and internal collaborator listed in the Data Access Request and is set to be complete no later than June 12th, 2020. This research has been granted a category 5 exemption from the University of Washington IRB.

Brief description of any planned collaboration with researchers at other institutions, including the name of the collaborator(s) and their institution(s).

List the NIAGADS datasets you are requesting for analysis (ex. NG00017):

NG00022, NG00023, NG00024, NG00068, NG00069, NG00070, & NG00071

Non-Technical Summary for Application for Genomic Data from NIAGADS

Investigators will provide a non-technical summary of their proposed research. If the project is approved, this statement will be publicly available for lay audiences to read the purpose and objectives of the research. Please limit to 1,100 characters.

The present study is an effort to determine whether any of the genes that have previously been associated with Alzheimer's Disease play a role in the progression of specific symptoms such as memory, attention, language, and ability to manage one's affairs. The thought here is that the presence of a mutation in one or more of these genes may contribute to a more rapid decline of cognitive ability. Research of this nature may serve to help inform efforts to develop treatment for Alzheimer's Disease in the future.
