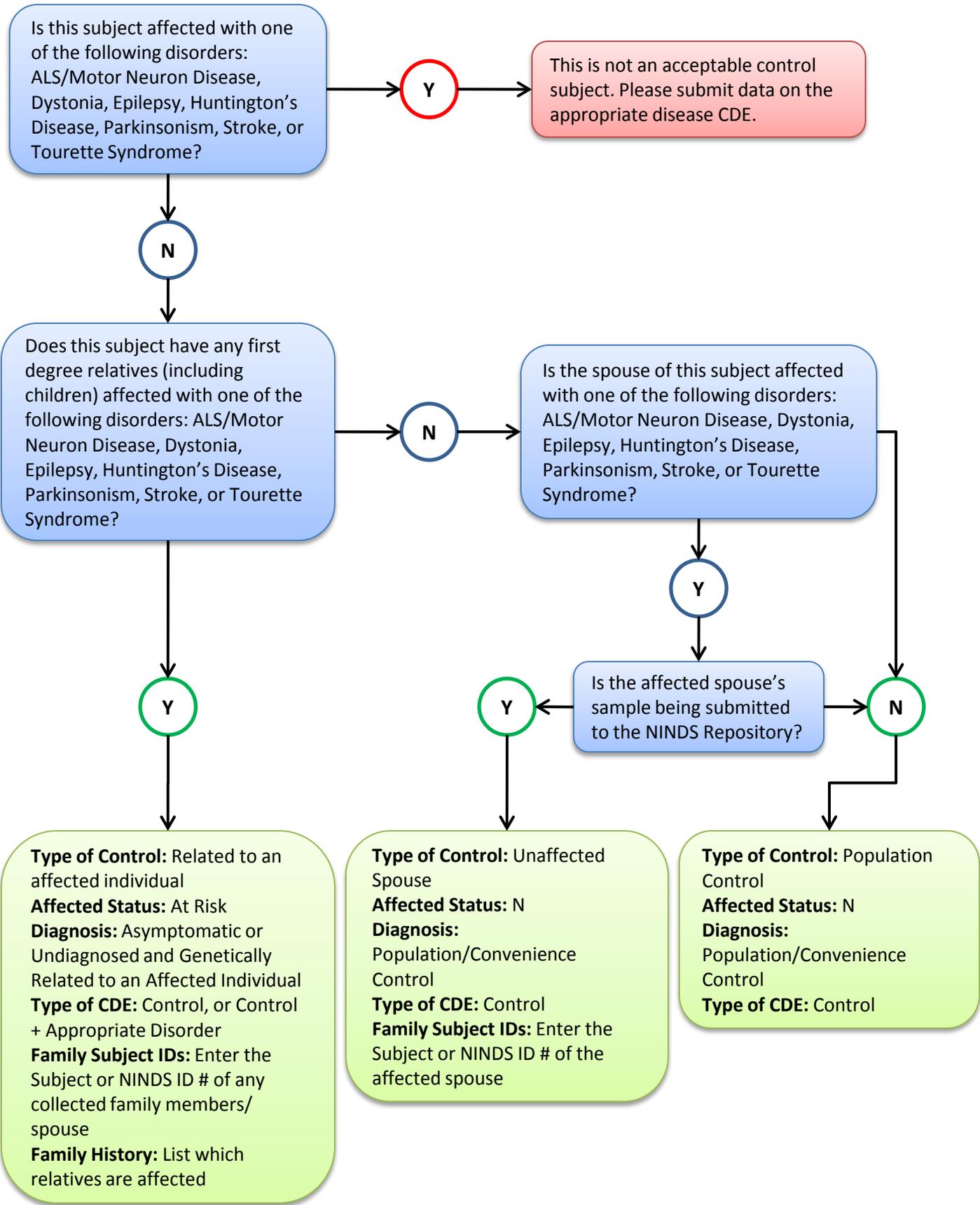


# How to submit data for NINDS Repository control subjects



Is this subject affected with one of the following disorders:  
ALS/Motor Neuron Disease, Dystonia, Epilepsy, Huntington's Disease, Parkinsonism, Stroke, or Tourette Syndrome?

Y

This is not an acceptable control subject. Please submit data on the appropriate disease CDE.

N

Does this subject have any first degree relatives (including children) affected with one of the following disorders: ALS/Motor Neuron Disease, Dystonia, Epilepsy, Huntington's Disease, Parkinsonism, Stroke, or Tourette Syndrome?

N

Is the spouse of this subject affected with one of the following disorders: ALS/Motor Neuron Disease, Dystonia, Epilepsy, Huntington's Disease, Parkinsonism, Stroke, or Tourette Syndrome?

Y

Is the affected spouse's sample being submitted to the NINDS Repository?

Y

N

**Type of Control:** Related to an affected individual  
**Affected Status:** At Risk  
**Diagnosis:** Asymptomatic or Undiagnosed and Genetically Related to an Affected Individual  
**Type of CDE:** Control, or Control + Appropriate Disorder  
**Family Subject IDs:** Enter the Subject or NINDS ID # of any collected family members/spouse  
**Family History:** List which relatives are affected

**Type of Control:** Unaffected Spouse  
**Affected Status:** N  
**Diagnosis:** Population/Convenience Control  
**Type of CDE:** Control  
**Family Subject IDs:** Enter the Subject or NINDS ID # of the affected spouse

**Type of Control:** Population Control  
**Affected Status:** N  
**Diagnosis:** Population/Convenience Control  
**Type of CDE:** Control