

ALLEN Human Brain Atlas

TECHNICAL WHITE PAPER: CASE QUALIFICATION AND DONOR PROFILES

The case review process described here was employed for three components of the ALLEN **Human Brain Atlas**: (1) the Microarray Survey; (2) the Neurotransmitter Study; and (3) the Subcortex Study. Data for all other components of the Allen Human Brain Atlas were generated using banked tissue that underwent a separate screening process (see *In Situ Hybridization in the Allen Human Brain Atlas* white paper).

In general, postmortem tissue from males and females between 18 – 68 years of age and no known history of neuropsychiatric or neurological conditions ('control' cases) were eligible for inclusion in the Microarray Survey, Neurotransmitter Study, and Subcortex Study components of the Allen Human Brain Atlas. Key conditions for exclusion were:

- Brain injury or disease
- Epilepsy
- Drug/alcohol dependency
- > 1 hour on ventilator
- Positive for infectious disease
- Prion disease
- Chronic renal failure
- Cancer deaths
- Brain cancer
- Time since death > 30 hours

Brain tissue, cerebrospinal fluid and blood samples were collected after obtaining informed consent from decedent's next-of-kin. Institutional Review Board (IRB) review and approval was obtained for collection of tissue and non-identifying case information at the tissue banks and repositories that provided tissue for this project. Following tissue collection and freezing, additional tests and quality measures were performed to ensure the tissue and RNA met quality control (QC) criteria, and to rule out any previously undetected conditions incompatible with a 'control' diagnosis.

A Case Review Committee (CRC) of internal and external advisors reviewed all data and approved cases for inclusion in each study. The schematic in Figure 1 shows a timeline of formal CRC activities in relation to availability of screening data. A summary of screening tests and quality control measures and criteria is provided in Table 1. Specific donor profiles are provided in subsequent tables.

For additional detailed methodological information regarding these studies, please access the following technical white papers:

- Microarray Survey in the Allen Human Brain Atlas
- In Situ Hybridization in the Allen Human Brain Atlas



Table 1	Summary	of case	screens and	quality	control	tests an	d criteria
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Test	Description	Passing Criteria
Serology	A safety precaution to evaluate blood serum for presence of antigens or antibodies for Hepatitis B, Hepatitis C or HIV1/HIV2.	Negative for all three tests.
рН	Measured in brain tissue homogenate and/or cerebrospinal fluid (CSF). Low pH levels are correlated with poor RNA quality.	pH ≥ 6.0
RNA quality	Assessed using Bioanalyzer-generated RNA Integrity Number (RIN) and Bioanalyzer electropherograms for 18s/28s ratios.	RIN ≥ 6.0, RNA amount ≥ 50ng, no obvious RNA degradation, no noticeable DNA or other contamination.
Toxicology	Postmortem blood is assessed for presence and concentration (when possible) of a broad range of therapeutic drugs and drugs with abuse potential.	Absence of drugs prescribed for neuropsychiatric disorders; absence of drugs at toxicologically significant levels (as reported by testing lab).
Gross neuropathology	Assessment of brain for gross morphological abnormalities indicating neuropathology (e.g. stroke, tumor, atrophy) by a radiologist using MRI data or by a pathologist using digital images of fresh brain sections.	'Normal' assessment by consulting radiologist or pathologist.
Microneuropathology	Analysis of histologically stained tissue sections to assess microscopic indications of pathology such as local ischemic events, abnormal levels of amyloid plaques or neurofibrillary tangles, or indications of abnormal cell morphology.	'Normal' assessment by consulting pathologist.

Donor H0351.1009 – Microar	ray Survey, Neuro	transmit	ter Study (ISH)		
Tissue Receipt Date	2/8/2011				
Sex	Male				
Age	57 years				
Race/Ethnicity	Caucasian				
Handedness	Cross-dominant				
Postmortem Interval	25.5 hours (estim	ated time	e of death to time that ti	ssue is frozen)	
Serology	Pass				
Toxicology	Positive for caffei significant	ne and th	eobromine, at levels us	sually not toxicologically	
Tissue pH	6.9 (measured in	frontal po	ole)		
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)	
		Frontal poles		6.4 ± 0.4	
		Occipital poles		6.1 ± 0.8	
		Cerebellum (left & right)		7.1 ± 0.5	
		Brainste	em	5.6 ± 1.0	
Neuropathology	Gross pathology:	Normal	Microneuropathology: 1	Normal	
Tissue Received	12 left hemisphere 1 cm cerebral slabs in coronal orientation 7 right hemisphere cerebral slabs in coronal orientation 7 cerebellar slabs in sagittal orientation; 1 cm thickness 1 brainstem, whole			orientation Itation Ikness	
Additional Medical Information	History of atheros	clerotic c	ardiovascular disease		
Available Datasets	MRI, DTI, Photod	documen	itation		
	MRI		Viewable online, avail	able for download	
	Blockface images		Left hemisphere		
	Histology				
	Nissl Coronal left hemis mosaic reconstruc individual 2x3 sect		Coronal left hemisphe mosaic reconstruction individual 2x3 sections	sphere, intact (6x8) and as ctions from 2x3 sections; tions	
	SMI-32		2x3 sections		
	Gene Expression	n			
	Microarray		~400 samples from le striatum and white ma controls and sample r	ft cerebral cortex, atter structures, including eplicates	
	ISH		88 and 176 genes in s respectively; right hen	subcortex and cortex, nisphere	

Table 2. Donor profile: H0351.1009.

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Table 3	3. Donor	profile:	H0351.1010.	
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Donor H0351.1010 – Neurotransmitter Study (ISH)					
Tissue Receipt Date	2/23//2011				
Sex	Male				
Age	26 years				
Race/Ethnicity	Hispanic				
Handedness	Right				
Postmortem Interval	30 hours (estimat	ted time o	f death to time that tiss	sue is frozen)	
Serology	Pass				
Toxicology	Positive for atropine, caffeine, guaifenesin and theobromine, at levels usually not toxicologically significant				
Tissue pH	6.6 (measured in frontal pole)				
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)	
		Frontal poles		6.4 ± 0.3	
		Occipital poles		6.3 ± 0.6	
		Cerebel	lum (left & right)	6.9 ± 0.4	
		Brainste	m	5.4 ± 0.0	
Neuropathology	Gross pathology: Microneuropathol	Normal logy: Nor	mal, hemosiderosis no	ted	
Tissue Received	16 left hemisphere 1 cm cerebral slabs in coronal orientation 8 right hemisphere cerebral slabs in coronal orientation 7 cerebellar slabs in sagittal orientation; 1 cm thickness 1 brainstem, whole				
Additional Medical Information	No clinically rema	arkable his	story.		
Available Datasets	Histology				
	Nissl		Neurotransmitter Stud	ly histology (2x3)	
	SMI-32		Neurotransmitter Stuc	ly histology (2x3)	
	Gene Expressio	n			
	ISH		88 and 176 genes in respectively; right hen	subcortex and cortex, nisphere	

Table 4. Dono	r profile:	H0351	.1012.
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Donor H0351.1012 – Microar	ray Survey, Neuro	otransmit	tter Study (ISH)		
Tissue Receipt Date	5/24/2011				
Sex	Male				
Age	31 years				
Race/Ethnicity	Caucasian				
Handedness	Right				
Postmortem Interval	17.5 hours (estim	ated time	e of death to time that ti	ssue is frozen)	
Serology	Pass				
Toxicology	Positive for atrop usually not toxico	ine, caffe logically	ine, ibuprofen and theo significant	bromine, at levels	
Tissue pH	6.8 (measured in	frontal po	ole)		
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)	
		Frontal poles		6.3 ± 0.3	
		Occipital poles		5.8 ± 0.3	
		Cerebellum (left & right)		6.9 ± 0.2	
		Brainste	em	6.4 ± 0.0	
Neuropathology	Gross pathology: Microneuropatho	Normal logy: No	rmal		
Tissue Received	18 left hemisphere 1 cm cerebral slabs in coronal orientation 8 right hemisphere cerebral slabs in coronal orientation 8 cerebellar slabs in sagittal orientation; 1 cm thickness 1 brainstem, whole			l orientation Itation Ikness	
Additional Medical Information	Sudden cardiac a calcification in ter choroid plexus in	arrest. Be nporal ho farct or de	enign spindle cell prolife orn of lateral ventricle, ~ egenerated xanthogran	eration and dystrophic -5 mm, possibly an old uloma.	
Available Datasets	MRI, DTI, Photo	documer	ntation		
	MRI		Viewable online, avail	able for download	
	Blockface images		Left hemisphere		
	Histology				
	Nissl Coronal left he mosaic recons individual 2x3		Coronal left hemisphe mosaic reconstruction individual 2x3 section	ere, intact (6x8) and as is from 2x3 sections; s	
	SMI-32 2x3 sections				
	Gene Expressio	n			
	Microarray		~500 samples from le and brainstem structu and sample replicates	ft cerebral, cerebellar res, including controls	
	ISH		88 and 176 genes in respectively; right her	subcortex and cortex, nisphere	

Table 5. Donor profile: H0351.1015.

Donor H0351.1015 – Microarray Survey							
Tissue Receipt Date	10/11/2011						
Sex	Female						
Age	49 years						
Race/Ethnicity	Hispanic						
Handedness	Right						
Postmortem Interval	30 hours (estimate	ed time of death to time that tiss	sue is frozen)				
Serology	Pass						
Toxicology	Positive for caffeir	ne, at levels usually not toxicolog	gically significant				
Tissue pH	6.9 (measured in	frontal pole)					
RNA Quality	Pass	Region Tested	RIN value (Mean ± SD)				
		Frontal poles	7.0 ± 0.2				
		Occipital poles	5.8 ± 1.2				
		Cerebellum (left & right)	7.5 ± 0.2				
		Brainstem	6.1 ± 0.4				
Neuropathology	Gross Pathology: Normal Microneuropathology: Normal; modest numbers of hemosiderin laden macrophages noted in Virchow-Robin spaces in parietal and occipital lobes, mild arteriosclerosis						
Tissue Received	16 left hemisphere 1 cm cerebral slabs in coronal orientation 8 right hemisphere cerebral slabs in coronal orientation 8 cerebellar slabs in sagittal orientation; 1 cm thickness 1 brainstem, whole						
Additional Medical Information	Splenectomy, hyp	othyroidism treated with Levoth	roid				
Available Datasets	MRI, DTI, Photod	locumentation					
	MRI	Viewable online, available fo	r download				
	Blockface images	Left hemisphere					
	Histology						
	Nissl	Coronal left hemisphere, inta reconstructions from 2x3 sec sections	ict (6x8) and as mosaic tions; individual 2x3				
	SMI-32	2x3 sections					
	Gene Expression	1					
	Microarray	~500 samples from left ceret brainstem structures includin replicates	oral, cerebellar and g controls and sample				

Table 6. Donor profile: H0351.	.1016.
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Donor H0351.1016 – Microar	ray Survey, Neuro	otransmit	ter Study (ISH)			
Tissue Receipt Date	10/25/2011					
Sex	Male	Male				
Age	55 years					
Race/Ethnicity	Caucasian					
Handedness	Right					
Postmortem Interval	18 hours (estimat	ted time o	of death to time that tiss	sue is frozen)		
Serology	Pass					
Toxicology	Positive for caffei significant	ne and th	eobromine, at levels us	sually not toxicologically		
Tissue pH	6.8 (measured in	frontal po	ole)			
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)		
		Frontal poles		6.4 ± 0.5		
		Occipital poles		6.7 ± 0.7		
		Cerebellum (left & right)		7.4 ± 0.3		
		Brainstem 6.6 ± 0		6.6 ± 0.2		
Neuropathology	Gross Pathology: Normal Microneuropathology: Normal					
Tissue Received	16 left hemisphere cerebral slabs in coronal orientation 8 right hemisphere cerebral slabs in coronal orientation 9 cerebellar slabs in sagittal orientation; 1 cm thickness 1 brainstem, whole			tation tation kness		
Additional Medical Information	Coronary artery a cholesterol.	theroscle	erosis, prescriptions for	clotting and high		
Available Datasets	MRI, DTI, Photoe	documer	ntation			
	MRI		Viewable online, avail	able for download		
	Blockface images		Left hemisphere			
	Histology					
	Nissl		Coronal left hemisphere, intact (6x8) and as mosaic reconstructions from 2x3 sections; individual 2x3 sections			
	SMI-32 2x3 sections					
	Gene Expressio	n				
	Microarray		~500 samples from le and brainstem structu and sample replicates	ft cerebral, cerebellar res, including controls		
	ISH		88 and 176 genes in respectively; right hen	subcortex and cortex, nisphere		

Table 7. Donor profile: H0351.2001.

Donor H0351.2001 – Microarray Survey					
Tissue Receipt Date	7/29/2009				
Sex	Male				
Age	24 years				
Race/Ethnicity	African American				
Handedness	Left				
Postmortem Interval	23 hours (estimat	ted time c	of death to time that tiss	ue is frozen)	
Serology	Pass				
Toxicology	Positive for atrop significant	ine and c	affeine, at levels usually	y not toxicologically	
Tissue pH	6.72				
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)	
		Frontal poles		7.1 ± 0.4	
		Occipital poles		6.5 ± 0.6	
		Cerebellum (left & right)		8.1 ± 0.4	
		Brainstem		7.1 ± 0.2	
Neuropathology	MRI-based Radiology Report: Normal Microneuropathology: Normal				
Tissue Received	32 cerebral slabs in coronal orientation; 5 mm thickness 20 cerebellar slabs in sagittal orientation; 5 mm thickness 1 brainstem, whole			ckness hickness	
Additional Medical Information	History of asthma	3			
Available Datasets	MRI, DTI, Photo	documen	ntation		
	MRI		Viewable online, available for download		
	DTI		Viewable online, available for download		
	Histology				
	Nissl Full coronal mosaic reconstructions from sections; individual 2x3 sections			constructions from 2x3 3 sections	
	Gene Expressio	n			
	Microarray		~1000 samples from cerebral, cerebellar ar including controls and	> 300 left and right nd brainstem structures, sample replicates	

Table 8. Donor profile: H0351.2002.

Donor H0351.2002 – Microarr	ay Survey				
Tissue Receipt Date	8/25/2009				
Sex	Male				
Age	39 years				
Race/Ethnicity	African America	in			
Handedness	Left				
Postmortem Interval	10 hours (estim	ated time o	of death to time that tiss	sue is frozen)	
Serology	Pass				
Toxicology	Positive for atro (MEGX) at level	pine, caffe ls usually r	ine, lidocaine and mono ot toxicologically signif	oethylglycinexylidide icant	
Tissue pH	6.86				
RNA Quality	Pass	Region	Tested	RIN value (Mean ± SD)	
		Frontal	pole (left & right)	7.5 ± 0.2	
		Occipital pole (left & right)		7.1 ± 1.0	
		Cerebellum (left & right)		8.6 ± 0.6	
		Brainstem		7.3 ± 0.0	
Neuropathology	MRI-based Radiology Report: Normal; possible small pituitary adenoma Microneuropathology: Normal; single neurofibrillary tangle in entorhinal cortex			small pituitary adenoma ary tangle in entorhinal	
Tissue Received	25 cerebral slabs in coronal orientation; 5 mm thickness 17 cerebellar slabs in sagittal orientation; 5 mm thickness; 1 broken and irreparable 1 brainstem, whole				
Additional Medical Information	None known				
Available Datasets	MRI, DTI, Phote	odocumer	itation		
	MRI		Viewable online, available for download		
	DTI		Viewable online, available for download		
	Blockface images		Left and right hemispheres		
	Histology				
	Nissl	Full coronal 6x8 sections and full coronal mosaic reconstructions from 2x3 sections; individual 2x3 sections			
	SMI-32	2x3 sections			
	Gene Expressi	on			
	Microarray	~1,000 sa cerebellar controls a	amples from > 300 left and brainstem structurend sample replicates	and right cerebral, res, including positive	

Table 9. Donor profile H0351.2003 .

Donor H0351.2003 – Subcortex Study							
Tissue Receipt Date	4/1/2010						
Sex	Female						
Age	48 years						
Race/Ethnicity	Caucasian						
Handedness	Right						
Postmortem Interval	24 hours (estimated time of death to time that tissue is frozen)						
Serology	Pass						
Toxicology	Positive for caffeine and theobromine at levels usually not toxicologically significant, acetone (1.6 mg/dL) consistent with low level fasting or diabetes.						
Tissue pH	6.65						
RNA Quality	Pass	Region Tested		RIN value (Mean ± SD)			
		Fronta	I pole (left & right)	5.9 ± 0.7			
		Occipital pole (left & right)		7.7 ± 0.4			
		Cerebe	ellum (left & right)	8.2 ± 0.3			
		Brainstem		7.5 ± 0.1			
Neuropathology	MRI-based Radiology Report: Normal; incidental 4mm angioma in left thalamus Microneuropathology: Normal; moderate arteriosclerosis and perivascular hemosiderosis.						
Tissue Received	6 cerebral slabs in coronal orientation, anatomy-based cuts 10 cerebellar slabs in sagittal orientation, average thickness: 7 mm						
Additional Medical Information	Enlarged heart, history of sleep apnea and morbid obesity						
Available Datasets	MRI, DTI, Photodocumentation						
	MRI		Available for download				
	DTI		Available for download				
	Histology						
	Nissl		2x3 sections				
	AchE		2x3 sections				
	Cytochrome Oxidase		2x3 sections				
	Gene Expression						
	ISH		Right hypothalamus/amygdala: 10 genes				
			Left subcortical region extending from head of caudate nucleus posteriorly to the posterior aspect of the substantia nigra: 55 genes				

Table 9. Donor profile: H0372-006.

Donor H0372-006 – Subcortex Study							
Tissue Receipt Date	12/04/2009						
Sex	Male						
Age	44 years						
Race/Ethnicity	Caucasian						
Handedness	Right						
Postmortem Interval	24 hours (estimated time of death to time that tissue is frozen)						
Serology	Pass						
Toxicology	Positive for atropine, caffeine, lidocaine, theobromine, and dextro/levo- methorphan; at levels usually not toxicologically significant						
Tissue pH	6.85						
RNA Quality	Pass	Regio	n Tested	RIN value			
		Fronta	l pole (left & right)	7.4			
		Occipit	tal pole (left & right)	6.3			
		Cerebe	ellum (left & right)	Not sampled			
		Brainstem		6.0			
Neuropathology	MRI-based Radiology Report: Normal Microneuropathology: Normal						
Tissue Received	4 cerebral slabs in coronal orientation Slab thickness: 3.25 - 3.5 mm						
Additional Medical Information	Flu-like symptoms prior to death						
Available Datasets	MRI, DTI, Photodocumentation						
	MRI		Available for download				
	DTI		Available for download				
	Histology						
	Nissl		2x3 sections				
	AchE		2x3 sections				
	Cytochrome Oxidase		2x3 sections				
	Gene Expression						
	ISH		Right hypothalamus/amygdala: 10 genes				
			Left subcortical region extending from head of caudate nucleus posteriorly to the posterior aspect of the substantia nigra: 55 genes				