



D2d Ancillary Study Application

Office Use

Ancillary Study Number _____

Date Submitted _____

Title of Proposal _____

(81 character limit)

Principal Investigator _____

Institutional Affiliation _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip (9-digit) _____

Phone _____ Fax _____ Email _____

Co-Investigator 1 _____

Institutional Affiliation _____

Phone _____ Fax _____ Email _____

Co-Investigator 2 _____

Institutional Affiliation _____

Phone _____ Fax _____ Email _____

If Principal Investigator is not a member of the D2d study group, please specify:

D2d Co-Investigator _____

Institutional Affiliation _____

Other Key Persons or additional Co-Investigators

Name _____ Ancillary Study Role _____

Name _____ Ancillary Study Role _____

Name _____ Ancillary Study Role _____

Name _____ Ancillary Study Role _____

D2d Ancillary Study Subcommittee Use Only

Ancillary Studies Subcommittee Action _____ Date _____

Steering Committee Action _____ Date _____

DSMB Action _____ Date _____

Approved Applications

Consent form required? _____

Comment [EB1]: This will be a dropdown



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Part 1: Research Plan

1a. Anticipated Timeline and Enrollment

Planned Start Date _____

Planned End Date _____

Anticipated Enrollment _____

1b. Hypothesis and Specific Aims

Please describe the question(s) you are asking and what you expect to happen (3/4 page limit).



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1c. Significance and Brief Background

Please describe the scientific relevance (1 page limit).



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1d. Innovation & Impact

Please describe the research innovation and potential impact (1/2 page limit).

1e. Research Approach

Please address the following: (1 and 1/2 page limit)

- *Study type (e.g. interventional or observational)*
- *Population and setting (inclusion/exclusion criteria)*
- *Study design (e.g. details of study procedures, outcome assessments, confounders, bias)*
- *Schedule of assessments*
- *Sample size (power) calculations*
- *Data analysis plan*



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1f. References Cited

Please attach a list of references (as a Word or PDF document) with the application.

Part 2: Description of Data

2a. Required Sources of Data

Please select all that apply:

Existing data collected as part of D2d study

If yes, please complete **D2d Ancillary Study Data Request Form**

New data derived through use of stored biological specimens collected as part of D2d study

If yes, please complete **D2d Ancillary Study Specimen Request Form**

New data derived through direct contact with D2d participants (e.g. procedure, survey, observation)

If yes, please also complete question 2b

If available, please include a copy of the proposed protocol with your application.

2b. New Data Acquisition, if applicable

Please describe the additional procedures, interventions or surveys required for new data acquisition and address the need for additional visits and/or the prolongation of existing visits. (1/2 page limit).



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Part 3: Facilities & Resources

3a. D2d Collaborating Clinical Sites

Please note: By marking the box next to a site(s), the ancillary study PI has secured the commitment of the site(s) to the proposed ancillary study to allow generation of new data by direct contact with D2d participants at the site.

Please select all D2d collaborating clinical sites that have agreed to participate in the proposed Ancillary Study.

Atlanta VA Medical Center	Pennington Biomedical Research Center
Baylor College of Medicine	Stanford University Medical Center
Duke University Medical Center	Tufts Medical Center
Florida Hospital	Tulane University
HealthPartners Research Foundation	University of Cincinnati (Cincinnati VA)
Maine Medical Center	University of Kansas Medical Center
Medical University of South Carolina	University of Nebraska Medical Center
MedStar Health Research Institute	University of Southern California (Keck)
NIDDK Phoenix	University of Tennessee Health Science Center
Northwestern University	University of Texas Southwestern Medical Center

3b. Description of Clinical Laboratory Facilities, if applicable

Please describe clinical laboratory facilities and where and how bio-specimens will be handled (e.g. storage, shipping of biological material; laboratory staff experience).



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Part 4: Potential Burden on the D2d study

Please describe the potential burden of the ancillary study **on the D2d study** in relation to:

4a. Participant Burden and Potential for Compromising Participant Retention

4b. Participant Safety and Confidentiality

Please describe measures taken to ensure participant safety and confidentiality and address plan for data management (secure storage, monitoring etc.).

4c. Burden on Collaborating Clinical Sites



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4d. Regulatory Requirements

Please describe how informed consent will be obtained and describe plan for local IRB approval. If available, please attach a copy of the informed consent form.

Part 5: D2d Support

Please note: The costs associated with the use of resources (D2d or other) must be included in the plans for funding the ancillary study. All negotiated services must be documented in a letter of commitment from that provider.

Please select resources at the D2d Coordinating Center or D2d Central Laboratory that will be required. There will be a fee associated with these services:

Data extraction and transfer

Specimen selection and transfer

Data analyses (*depending upon staff availability, proposed analyses may be conducted by the D2d Coordinating Center [analytical team]*)

Part 6: Funding

6a. Funding Source(s)

Please describe ancillary study funding source(s) or plans to apply for funding.

6b. Planned Date of Submission to Funding Agency _____

Part 7: NIH Biosketch

*Please attach NIH Biosketches **for all investigators and key persons** with your application upon submission.*



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Part 8: Acknowledgement of D2d Ancillary Studies Policies & Procedures

I have read and agree to abide by the policies and procedures for D2d Ancillary Studies as described in the document titled: *D2d Ancillary Studies Policies and Procedures & Instructions for Submission of Proposals*, and specifically regarding the presentation and publication of ancillary study results and data sharing policies.

Principal Investigator Signature _____ Date _____
(e-signature accepted)

D2d Co-Investigator Signature _____ Date _____
(e-signature accepted)

Part 9: Attachments

Please indicate all documents that are included with your application:

NIH Biosketches for Investigators and Key Persons **(required for all applications)**

References Cited **(required for all applications)**

D2d Ancillary Study Data Request Form

D2d Ancillary Study Specimen Request Form

Informed Consent Form *(not required with application, but consent form will be required prior to study initiation for studies involving generation of new data via direct contact with D2d participants)*

Ancillary Study Proposal and Manual of Procedures *(not required with application, but these documents will be required prior to study initiation)*

Return completed application and attachments to d2d@tuftsmedicalcenter.org