

D2d Ancillary Study Specimen Request Form



Office Use

Ancillary Study Number _____

Date Submitted (MM/DD/YYYY) _____

Title of Proposal
(81 character limit)

Principal Investigator _____

Institutional Affiliation _____

1. Sample Specifications

Please select all that apply:

Age Range

All (30 years and older)

Other, please specify: _____

Sex

All

Female

Male

Race

All

White

Black

Asian

Other, please specify: _____

Ethnicity

All

Hispanic

Non-Hispanic

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2. Specimens Requested

Please indicate the minimum specimen volume required for each treatment group and time-point (in months, starting with baseline) for each specimen type requested. Specimens not collected at a particular time-point are indicated with a dash.

Specimen Type	Placebo									Vitamin D									
	0 (BASE)	M06	M12	M18	M24	M30	M36	M42	M48	0 (BASE)	M06	M12	M18	M24	M30	M36	M42	M48	
DNA		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-
Whole Blood		-		-		-		-			-		-		-		-		
Serum				-		-		-					-		-		-		
Plasma				-		-		-					-		-		-		
Urine without preservative		-		-		-		-			-		-		-		-		
Urine with acid preservative		-		-		-		-			-		-		-		-		

Is a sample that has been thawed and then re-frozen acceptable for use? Yes No

If no, provide reason:

Provide additional details, if needed

Final steps to submission:

Save a copy of this form to your computer.

Attach to D2d Ancillary Study application and submit in a single email to: D2d@TuftsMedicalCenter.org.