

# D2d Ancillary Study Application



*Office Use*

Ancillary Study Number \_\_\_\_\_

Date Submitted (MM/DD/YYYY) \_\_\_\_\_

Title of Proposal  
(81 character limit)

Principal Investigator \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 (biosketch is not required)*

Name \_\_\_\_\_ Ancillary Study Role \_\_\_\_\_

Name \_\_\_\_\_ Ancillary Study Role \_\_\_\_\_

Name \_\_\_\_\_ Ancillary Study Role \_\_\_\_\_

Name \_\_\_\_\_ Ancillary Study Role \_\_\_\_\_

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## ***D2d Ancillary Study Subcommittee Use Only***

Ancillary Studies Subcommittee Action

Date

Steering Committee Action

Date

DSMB Action

Date

*Approved Applications*

Consent form required?

## Part 1: Research Plan

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### 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).*

## 1c. Significance and Brief Background

*Please describe the scientific relevance (1 page limit).*

## 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*

*Please continue Research Approach on next page.*



A large, empty rectangular box with a thin blue border, occupying the majority of the page. This area is typically used for submitting an application or providing supporting information.

## 1f. References Cited

Please attach a list of references (PDF format document) with the application.

## Part 2: Description of Data

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### 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 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).

## Part 3: Facilities & Resources

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### 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	NIDDK Phoenix
Baylor College of Medicine	Northwestern University
Beth Israel Medical Center	Pennington Biomedical Research Center
Duke University Medical Center	Stanford University Medical Center
Florida Hospital Translational Research Institute	Tufts Medical Center
HealthPartners Research Foundation	Tulane University Health Sciences
Los Angeles Roybal	University of Kansas Medical Center
Maine Medical Center Research Institute	University of Nebraska Medical Center
Medical University of South Carolina	University of Tennessee Health Science Center
MedStar Health Research Institute	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).

## Part 4: Potential Burden on the D2d study

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*Please describe the potential burden of the ancillary study **on the D2d study** in relation to the following and provide ways to minimize the burden:*

### 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

## 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

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**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 the provider of such services.

*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 analytical team at the D2d Coordinating Center*)
- Other study-specific services for studies that will collect new data in real time

## Part 6: Funding

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### 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

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*Please attach NIH Biosketches **for PI only** with your application upon submission.*

## Part 8: Acknowledgement of D2d Ancillary Studies Policies & Procedures

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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*)

## Part 9: Attachments

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*Please indicate all documents that are included with your application:*

- NIH Biosketches for PI only (**required for all applications**)
- References Cited (**required for all applications**)
- D2d Ancillary Study Data Request Form
- D2d Ancillary Study Specimen Request Form

**Please note:** The following forms are not required with application, but are required *prior to study initiation*:

- Ancillary Study Proposal
- Ancillary Study Manual of Procedures
- Informed Consent Form (*required for studies involving generation of new data via direct contact with D2d participants*)
- IRB Approval Letter

### **Final steps to submission:**

Save a copy of this form to your computer.

Click on the "Submit" button, which will open an email and automatically attach application. In that email, attach additional documents checked above to complete application then send.

*Thank you for your interest in the D2d Study*

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Principal Investigator Signature  
*(e-signature accepted)*

Date

*4/8/14*

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