

D2d Ancillary Study Data Request Form



Office Use

Ancillary Study Number _____

Date Submitted (MM/DD/YYYY) _____

Title of Proposal
(81 character limit)

Principal Investigator _____

Institutional Affiliation _____

1. Data Requested

Please indicate required time assessments for each outcome category requested.

Outcome Category	Time Assessed										End of study	
	Base	M03	M06	M12	M18	M24	M30	M36	M42	M48	Conf*	
Medical History												
Physical Examination												
Vital Signs												
Waist Circumference		-	-	-	-	-	-	-	-	-	-	
Non-Study Medication Review												
Food Frequency Questionnaire		-	-	-	-	-	-	-	-			
Physical Activity Questionnaire		-	-		-		-		-		-	
Study Pill Adherence		-										
HbA1c, Fasting Plasma Glucose		-										
2-hour Plasma Glucose (OGTT)		-	-		-		-		-			
Plasma Glucose after 30 min (OGTT)		-	-		-		-		-		-	
25-hydroxyvitamin D		-	-		-		-		-		-	
Serum Insulin, fasting		-	-		-		-		-		-	
Serum Insulin, after 30 min (OGTT)		-	-		-		-		-		-	
Urine Albumin-Creatinine Ratio		-	-		-		-		-		-	
Urine Calcium-Creatinine Ratio			-		-		-		-		-	

*Conf = a confirmatory visit to confirm the diagnosis of diabetes.

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2. Comments

If necessary, please use the space below to provide additional comments.

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.