

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 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.

Please note:

Each vial of **serum or plasma** contains **0.5 mL**

Each vial of **whole blood** contains **2 mL**

Each vial of **urine** contains **1.5 mL**

Specimen Type	Placebo									Vitamin D								
	0	6	12	18	24	30	36	42	48	0	6	12	18	24	30	36	42	48
DNA		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-
Whole Blood		-		-		-		-			-		-		-		-	
Serum				-		-		-					-		-		-	
Plasma				-		-		-					-		-		-	
Urine without preservative		-		-		-		-			-		-		-		-	
Urine with acid preservative		-		-		-		-			-		-		-		-	

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.