D2d Ancillary Study Specimen Request Form

Office Use
Ancillary Study Number _____ Date Submitted (MM/DD/YYYY) _____

Title of Proposal
(81 character limit)

Does vitamin D3 supplementation have an effect on markers of DNA damage?

Principal Investigator Fatma G. Huffman
Institutional Affiliation Florida International University

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

D2d Ancillary Study Specimen Request Form

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	0.30 mL	-	0.30 mL	-	0.30 mL	-	0.30 mL	-		0.30 mL	-	0.30 mL	-	0.30 mL	-	0.30 mL	-	
Serum	0.30 mL		0.30 mL	-	0.30 mL	-	0.30 mL	-		0.30 mL		0.30 mL	-	0.30 mL	-	0.30 mL	-	
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.