National Children’s Study Vanguard Specimen and Data Request Form

*\* = Required Field*

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| --- |
| Request Identifier  |
| \*Project Name: | *Create a nickname for your reference.*  |
| Requesting Investigator Information  |
| \*Name: |  | \*Address: |  |
| Title: |  |
| \*Institution: |  |
| \*Email: |  | \*Phone: |  |
| Department: |  | Fax: |  |
| Website: |  |  |  |
| Recipient Information  |
| \*Institution type: | * Non-Profit Organization
* Commercial Organization
* Academic
 |
| Number of years in scientific research: | * 0-5
* 5-10
* 10+

*Approximately how many years has the lead investigator been involved in scientific research?* |
| \*Is funding currently available for this research? | * Yes
* No
 |
|  If yes, please upload of documentation of primary funding: | *If funding is not yet available, please indicate anticipated primary funding source.* --------- |
|  |  |
|  Upload Documents:  |  |
| Specimen Shipping Information  |
| \*Will the results be used for a commercial purpose? | * Yes
* No - the results will not be used for a commercial purpose.

Applicant must agree to use the Human Material for teaching and non-profit research purposes only and will not use the Human Material for any commercial purposes, including selling, commercial screening, or transferring Human Material to a third party for commercial purposes. |
| Fedex Acct. #: |  | Shipping address: | *Note: All specimens will be shipped to the above address. Specimens cannot be shipped to a post office box.*  |
| Shipping PO #: |  |
| Lab Contact Email: |  |
| Lab Contact Name:  |  |  |  |
| Lab Contact Phone Number: |  |  |  |
| Request Details  |
|  |  |
| \*Number of Specimens: | *Approximate count of specimens required for your study.*  | \*Material type: |  |
| \*Minimum volume (or mass if requesting DNA): | *Please include units.*  |  |  |
| \*Optimum volume (or mass if requesting DNA): | *Please include units.*  |  |  |
| Specimen requirements: | *Describe any additional requirements pertaining to the biospecimens themselves, such as anticoagulant used, additives, preservatives, etc.*  |
| Subject characteristics: | *Describe the characteristics of the subjects to be searched for available specimens. Criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.*  |
| \*Research Plan: Describe this request, including a summary of the rationale, main hypothesis and proposed research aims: | *A brief overview of your research needs.*  |
|  |  |  |  |
| Scientific background and rationale: | *Provide the research protocol background, objectives and hypothesis.*  |
| Approved Users name and email: | 1.2.3.4. |
| \*Analyte(s) or parameter(s) to be tested: | *Describe the assay(s) to be performed and include any test volume requirements.*  |
| \*Type of assay(s)/ platform(s) to be used: | *Describe the assay kit(s)/platform(s) to be used, if applicable.*  |
| \*Rationale for number of biospecimens requested, including power calculations, and describe the use of covariates, if applicable: | *Also describe your intended use of covariates from study datasets, if applicable.*  |
|  |  |
|  |  |
| \*Information Security: Pleasecheck the information securitypractices to be used: | * Institute supported, controlled access server
* Institute supported, password protected desktop computer
* Encrypted, password protected laptop computer
* Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
* Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet

*Study data must be maintained in a secure and controlled environment*Upload for Institutional sign off or cover letter approving research |
| Comments: |  |