

NINDS CDE Project: CDE Project Request form

OMB#:0925-0766 Exp Date: 04/2023

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0766). Do not return the completed form to this address.

This form can be used to propose CDE development for neurological disease/condition research areas with no existing CDEs, for development of a new subgroup of CDEs for an existing CDE set, or for substantial revisiting/revision of an existing CDE set.

Questions? Contact:

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NINDS CDE Project Officer

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Date: MM/DD/YYYY

Point of contact for this request

Name: _____

Affiliation: _____

Title: _____

Email: _____

1. Please indicate if you are requesting that the NINDS CDE Project develop a new disease using our contract, or if you or your group need assistance from our CDE team to develop new CDEs.

2. Briefly describe the scope of research for which CDEs should be developed or substantially revised.

3. Are there any current or imminent NINDS-funded or co-funded studies that would benefit from development of new or substantially revised CDEs? If yes, please include the following information. (Maximum 10 studies)

NINDS-funded study #1 project number: _____

NINDS-funded study #2 project number: _____

NINDS-funded study #3 project number: _____

NINDS-funded study #4 project number: _____

NINDS-funded study #5 project number: _____

NINDS-funded study #6 project number: _____

NINDS-funded study #7 project number: _____

NINDS-funded study #8 project number: _____

NINDS-funded study #9 project number: _____

NINDS-funded study #10 project number: _____

4. List evidence or scientific reasons that support the need to develop a new CDE or substantially revise CDEs in this research area.

5. Briefly describe any additional evidence that the scientific community is ready to create and use

the requested CDEs.

6. Propose up to 3 names of non-government experts in this research area that might be appropriate to lead the scientific process of CDE development.

7. Propose any additional NIH Institutes or Centers or other government agencies that would be appropriate as active participants in the NINDS CDE development process.