Self-Nomination for ME/CFS Research Roadmap Working Group

OMB#: 0925-0766 Expiration date: 04/2023

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The National Institutes of Health (NIH) is leading an effort to develop a Research Roadmap for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). Towards this end, the National Institute of Neurological Disorders and Stroke (NINDS) has formed the **ME/CFS Research Roadmap Working Group of the National Advisory Neurological Disorders and Stroke (NANDS) Council**. This Working Group will include ME/CFS basic and clinical experts from the research community, leaders of ME/CFS non-profit advocacy and research organizations, and people who are living with ME/CFS, have a family history of ME/CFS, are caregivers/care partners of people living with ME/CFS, or identify as ME/CFS patient advocates.

To identify members of the public who are living with ME/CFS, have a family history of ME/CFS, are caregivers/care partners or advocates for those living with ME/CFS to participate in the Working Group, NINDS is asking for interested individuals to self-nominate. Nominees should be comfortable expressing their individual view(s) on a panel that includes clinician scientists, researchers, and subject matter experts.

Please answer the questions below to nominate yourself as a potential participant in this Working Group. All information shared via this form is done entirely voluntarily. Please send any questions to MECFSResearchRoadmap@ninds.nih.gov.

The deadline to submit responses is **December X, 2022 at X:XX ET**.

* Required

1. I am self-nominating to serve on the ME/CFS Research Roadmap Working Group of NANDS Council. \ast

Yes

🔘 No

| | Person living with ME/CFS |
|-------|---|
| | Person with a family history of ME/CFS |
| | Caregiver/care partner for person(s) living with ME/CFS |
| | Patient advocate |
| | None of the above |
| | |
| . Ple | ase provide your first and last name. * |
| E | nter your answer |
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| . Ple | ase provide your preferred email address to receive correspondence. * |
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| . Ple | ase provide your preferred phone number for communications. * nter your answer ase confirm you meet the following Qualifications of Eligibility (check all that apply): * Experience with ME/CFS, e.g., as a person with living with ME/CFS, person with a family history of ME/CFS; a |
| . Plé | ase provide your preferred phone number for communications. * nter your answer base confirm you meet the following Qualifications of Eligibility (check all that apply): * Experience with ME/CFS, e.g., as a person with living with ME/CFS, person with a family history of ME/CFS; a family member or a caregiver/care partner of a person with ME/CFS; or a patient advocate |
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| . Ple | ase provide your preferred phone number for communications. * Inter your answer Base confirm you meet the following Qualifications of Eligibility (check all that apply): * Experience with ME/CFS, e.g., as a person with living with ME/CFS, person with a family history of ME/CFS; a family member or a caregiver/care partner of a person with ME/CFS; or a patient advocate Have some knowledge of current research on ME/CFS Available and able to participate in up to eight 60-minute videoconference or phone meetings over the next 10-12 months Have a reasonable command of the English language Able to clearly and succinctly articulate your views through oral and written communications (use of proxy permitted) Have a reasonable level of comfort with email and in navigating the internet (downloading and uploading |

| 7. Please share the reason(s) for you | r interest in participating in this research roadmap |
|---------------------------------------|--|
| development process. * | |

Enter your answer

8. Please indicate which ME/CFS advocacy groups, organizations, or foundations you are affiliated with, if any. *

Enter your answer

9. Please provide a **brief** description of any relevant experience; for example, experience with the disease, experience seeking out or participating in clinical research, or experience interacting with the broader ME/CFS community. Please be as specific as possible relating to involvement and/or interactions (ex. advisory, consultancy, participatory) with regard to ME/CFS research efforts. *

Enter your answer

10. Please send one resume (in Microsoft Word format) to <u>MECFSResearchRoadmap@ninds.nih.gov</u> with the email subject line: <u>Self-Nomination for ME/CFS</u> <u>RRWG – [YOUR FULL NAME]</u>. *

O I will email my resume ASAP

11. Please include any accommodation requests, including use of a communication proxy, here. *

Enter your answer

12. If I am not selected for this Working Group, I would be interested in future engagement opportunities. *

O Yes, you can retain my data and connect with me regarding participation in future engagement opportunities

O No, please do not retain my data and do not contact me about future engagement opportunities.

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