



Data & Specimen Proposal Form

Complete page 1 only and email to Dr. Allison Aiello (aaiello@unc.edu) for initial approval.

Section A – Basic Information

Please select the research project(s) from which you are requesting data and/or specimens:

- DNHS: Detroit Neighborhood Health Study
 eX-FLU: A Randomized Study of Exclusion Criteria in a University Population
 NINOS: Life Course Socioeconomics, Acculturation, & Type-2 Diabetes Risk Among Latinos

Proposal ID # (To be provided by Aiello Research Group staff): _____

Today's Date: _____

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

UNC Onyen: _____

Department/Affiliation: _____

Type of Proposal:

- | | |
|---|--|
| <input type="checkbox"/> Manuscript | <input type="checkbox"/> Master's Thesis |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Grant |
| <input type="checkbox"/> Class Project | <input type="checkbox"/> Abstract Conference Paper |
| <input type="checkbox"/> Abstract Paper | <input type="checkbox"/> Dissertation |
| <input type="checkbox"/> Other (specify): _____ | |

Section B – Research Information

Include a title and description of the proposed study (include which *specific* materials are being requested):

Title: _____

Description: _____

Will the proposed data request contain sensitive data? Yes No

If yes, describe how data will be secured (be sure to address the ARG Data Security Agreement restrictions):

Timeline for completion: _____

Relevant information (e.g., targeted journal for publication, conference name and date, etc.):

Lead Author: _____

Institution(s)/Organization(s): _____

Phone Number: _____

Email Address: _____

Co-Author(s): _____

Are you a student? Yes/No If yes, proposal advisor must approve and sign form in the fields below.

Advisor Name/Affiliation (print): _____

Advisor Signature: _____

Date: _____

Section B (cont.) – Research Information (to be completed only after initial PI approval)

Keywords:

Background & Rationale:

Research Hypotheses:

Analysis Plan & Methods:

Pertinent References:

Section C – Funding

Amount of funding that is available to support this request:

Section D – Data Specifications

Describe as specifically as possible the data requested, i.e., specific cohorts, inclusions/exclusions, etc. In addition, include here a list of specific variable names being requested. Variable names must match current data dictionary.

Sample Size:

Main Exposure Variables (be specific, i.e., not only SES, but also the variable(s) you will use to proxy SES, such as education):

Covariates (be specific, i.e., not only SES, but also the variable(s) you will use to proxy SES, such as education):

Outcome Variables (be specific, i.e., not only SES, but also the variable(s) you will use to proxy SES, such as education):

Section E – Specimens

Specimens requested (be as specific as possible, including type of sample, source of sample, processing of sample, etc.)

Please answer the following if you are requesting specimens:

- 1) Are thawed-refrozen samples acceptable for your purpose? Yes No
- 2) Will any samples remain after your assays/tests are complete? Yes No
 - a. If yes, will remaining samples be returned to ARG? Yes No

Please note that access to specimens assumes the results will be provided back to the Aiello Research Group.

- 3) Who will be responsible for providing assay/test results to ARG?

- 4) Do your activities involve DNA? Yes No
 - a. If yes, where will extraction be performed?

The Aiello Research Group requires that any aliquots of extracted DNA be returned to ARG Project staff will also have to work with the lab regarding labeling of returned aliquots.

- 5) Do you have a mechanism for ensuring this occurs? Yes No
 - a. If yes, please describe who will be involved:

Section F – Additional Information

If there is any additional information you would like to provide, please do so here:

Change Log After Application Is Initially Approved

Change #1 Date: _____

Change #1 Request:

Change #1 Rationale:

Change #2 Date: _____

Change #2 Request:

Change #2 Rationale:

Change #3 Date: _____

Change #3 Request:

Change #3 Rationale:

Approvals (Aiello Research Group staff use only)

Data & Specimen Request Approved By:	_____ Signature	_____ Title	Date:
Change #1 Approved By:	_____ Signature	_____ Title	Date:
Change #2 Approved By:	_____ Signature	_____ Title	Date:
Change #3 Approved By:	_____ Signature	_____ Title	Date:

Contact Information

Dr. Allison E. Aiello
Professor and Social Epidemiology Program Leader
Department of Epidemiology
University of North Carolina
2101C Mcgavran-Greenberg Hall
CB #7435
Chapel Hill, NC 27599
Phone: 919.966.2149
Fax: 919.966.9800
<http://aielloresearchgroup.org/>
aaiello@unc.edu