Wake ADC Resource Request Form

Wake Forest™ School of Medicine

Investigator Information

1. Project Title:

2. Researcher Name:

3. Researcher Institution:

4. Researcher Department & Address:

5. Is project internal (WFSoM) ☐ or external research? ☐

6. IRB Institution:

7. IRB Number:

8. Wake Forest ADCC Coordinator:

9. Request Date:

10. Is project related to an existing study? Y ☐ N ☐

11. Grant Type (R01, P30, K01, etc.)

12. Grant Title:

13. Grant Number:

14. Funding Source (e.g., NIA, Alz Assn, etc.)

15. Funding Amount:

16. Grant Start/End dates:

17. Is project a collaboration with the WF ADCC? Y ☐ N ☐

If so, please list collaborators(Name, Institution, Dept):

IM, Gerontology & Geriatric Medicine
Medical Center Boulevard
Winston-Salem, NC 27257

Wake Forest™
School of Medicine

18. Are investigators from other institutions involved (from other ADCs or other institutions)? Y ☐ N ☐

If Yes, list collaborators their departments, institutions, and addresses:

19. **Project Proposal/ABSTRACT:** Describe concisely the research design and methods for achieving the study objectives. This abstract is meant to serve as a succinct and accurate description of the proposed work. **DO NOT EXCEED THE SPACE PROVIDED.**

Wake Forest™
School of Medicine

Research Questions & Planned Analyses:

Overlap with other ADCC approved studies or publication proposals

20. (*For the ADCC sponsoring investigator*) Does the proposed study overlap or potentially conflict with any already approved ADCC sub studies or publication proposals? Y ☐ N ☐
a. List the studies or publication proposals

b. Have you discussed the overlap or potential conflict with the investigator(s)? Y N (Specify results of discussion.) How do you propose to deal with the overlap or potential conflict?

Resources:

21. Does the study involve participants from other studies (not WF ADCC)? Y ☐ N ☐

a. Specify the number and type of participants to be involved and the rationale for the sample size.

b. Specify how participants will be selected for inclusion.

c. State probable impact on participants' involvement in ADCC protocols.

22. Does the proposed study require data collection or procedures involving ADCC participants beyond those required by ADCCprotocols? Y ☐ N ☐

23. If yes, specify the type of additional data to be collected and the collection procedure. Specify the impact on ongoing ADCC data collection.

24. What ADCC resources, including staff, equipment, space, or analysis help are needed for the sub study?

Minority Reporting

25. Minority Topic? Y ☐ N ☐

Wake Forest™
School of Medicine

26. Minority PI? Y ☐ N ☐

27. Minority inclusion/exclusion criteria? Y ☐ N ☐

28. Minority target audience? Y ☐ N ☐

Funding and IRB approval

29. Is the proposed study contingent on addition funding? ☐
Funding is available (list source and amount):

Request for added funding pending (list agency approached for funding and amount requested):

30. Does the proposed study require IRB approval?

31. Has this proposal been reviewed and approved by your IRB? ☐

a. If Yes, date approved:

b. If No, status of IRB approval:

Pending ☐

Not submitted (specify why not):

c. Will the study have a consent statement? Y ☐ N ☐

Send a copy of your approval statement to the RRC once IRB approval is granted.

Informed Consent

32. Will the participants be contacted for this study? Y ☐ N ☐

33. Will specimens and/or data be sent to NCRAD as a function of this study? Y ☐ N ☐

34. Will specimens and/or data be sent to NIAGDS as a function of this study? Y ☐ N ☐

Administrative information

35. Date form submitted to WF ADC Research Review Committee (RRC):

Wake Forest™
School of Medicine

36. Signature of WF ADCC Coordinator:

37. Signature of proposing investigator: