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| UMMS CENTRAL BIOREPOSITORY (CBR)USE PROPOSAL FORM |
| Use this form to propose a study of materials (biospecimens, biospecimen-derived data, medical record information, or any combination of these) about a cohort of CBR participants. Your proposal will be reviewed by the U-M faculty committee with oversight responsibility for the resources your request.Your cohort of CBR participants should be created by querying the CBR catalog in the self-serve [DataDirect](https://datadirect.med.umich.edu/) tool. This tool enables you to filter CBR participants by demographic, clinical, and/or biospecimen criteria. Visit the [DataDirect Information](https://research.medicine.umich.edu/office-research/data-office-clinical-and-translational-research/self-serve-data-tools/datadirect) page for instructions on how to do this. Please provide the following information about your DataDirect results. *If you cannot use DataDirect because your only inclusion/exclusion are genotypic (or based on other biospecimen-derived data), or because of another reason, you will have an opportunity to explain within this form.* |

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| Study & Principal Investigator Information |
| *Title* | Click or tap here to enter text. |
| *First Name* | Click or tap here to enter text. |
| *Last Name* | Click or tap here to enter text. |
| *Email* | Click or tap here to enter text. |
| *Phone* | Click or tap here to enter text. |

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| DataDirect |
| Please share your [DataDirect](https://datadirect.med.umich.edu/) query with us. From within the query, click the button to the right of “Current Query” at the top right of the screen and share with Victoria Blanc (uniqname “vmb”). |
| *DataDirect Query Name* | Click or tap here to enter text. |
| *Number of CBR participants in cohort returned by DataDirect* | Click or tap here to enter text. |
| *Size of the study cohort being proposed* | Click or tap here to enter text. |
| [ ]  *I cannot use DataDirect to create a cohort of CBR participants.* |
| *Please explain:*Click or tap here to enter text. |

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| Study Cohort |
| Overview of inclusion/exclusion criteria (briefly describe any that apply): |
| *Demographic Criteria* | Click or tap here to enter text. |
| *Clinical Criteria* | Click or tap here to enter text. |
| *Genotypic Criteria* | Click or tap here to enter text. |
| *Other Criteria* | Click or tap here to enter text. |

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| Resources Requested |
| AVAILABLE RESOURCES |
| *Data Requested* | [ ]  Biospecimens[ ]  Existing biospecimen-derived data[ ]  Clinical data[ ]  Click or tap here to enter text. |

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| Biospecimens |
| *Number of samples* | *Amount of sample* | *Amount unit* | *Sample type\** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |

*\*This field accepts custom entries. Simply select the field and begin to type your data.*

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| Additional biospecimen detail |
| *Other number of samples (Please provide details if requesting something other than a discrete number, e.g. all samples with a certain genotype):*Click or tap here to enter text. |
| If tissue is requested, please provide anatomic site required, type of tissue (e.g. malignant or benign tumor, normal and histologic type):  |
| *Anatomic Site* | Click or tap here to enter text. |
| *Type* | Click or tap here to enter text. |
| *Processing requests (e.g. Nucleic acid extraction)* | Click or tap here to enter text. |

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| Existing biospecimen-derived data |
| *Define genotype data (if requested)*Click or tap here to enter text. |
| *Other (if requested)*Click or tap here to enter text. |

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| Medical record data |
| *Define medical record data requested*Click or tap here to enter text. |

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| Use of Identifiable Information |
|[ ]  I need access only to non-identifiable information about these participants. |
|[ ]  I need access to identifiable information (or direct access to their MiChart records) in order to finalize the cohort or make groupings. |
|[ ]  I need access to identifiable information (or direct access to their MiChart records) throughout the entirety of this study. If so, please explain why below:Click or tap here to enter text. |
|[ ]  I want to contact these CBR participants.If so, please explain why below:Click or tap here to enter text. |

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| Research Proposal |
| *Objectives* | Click or tap here to enter text. |
| *Hypothesis* | Click or tap here to enter text. |
| *Background* | Click or tap here to enter text. |
| *Methods* | Click or tap here to enter text. |
| *Statistical Design* | Click or tap here to enter text. |

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| Conflict of Interest & Additional Information |
| *Disclosure of Conflict of Interest, if known:*Click or tap here to enter text. |
| *Any additional information you would like to provide:*Click or tap here to enter text. |