EXAMPLE TEMPLATE – FOR INFORMATIONAL PURPOSES ONLY

This form is an EXAMPLE only and should not be filled out and sent to NIDDK Central Repository. If you are interested in requesting specimens from a specific collection stored at NIDDK Repository and are collaborating with the network or a study investigator from which the specimens originated, please navigate to the 'Requests' tab from the NIDDK-CR Homepage and select "Specimen Request" followed by "Ancillary Request".

NIDDK Central Repository – Resources for Research (R4R)

Ancillary Request Form – Example Template

* = Required Field

Ancillary Request

Request Name*

Study*

Request Lineage

Originating Request

Research Team Information

Requestor Information

Email Address (*auto-populated*)

Name (*auto-populated*)

Phone (*auto-populated*)

Institution Name (*auto-populated*)

Institution Location (*auto-populated*)

Principal Investigator Information

Email Address*

Name*

Institution*

Other Researchers Under the PI

Provide the information of other researchers in the same institution as the PI that will have access to the specimens and/or data (or its derivatives).

Role in Team	Email Address	Name	Job Title/Position

Authorized Organization Representative Information

Please provide the name, title, and email address of the official from your institution who will act as the Authorized Signatory on the Agreement. The Authorized Signatory (aka Signing Official) is described on the Frequently Asked Questions page as follows:

> The Authorized Organization Representative (AOR) as defined by NIH is the individual, named by the applicant organization, who is authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. The AOR is also referred to as the authorized signatory or Signing Official (SO). Please see the NIH Grants Glossary page for additional details. The authorized person fulfilling this role may have any number of titles in your organization (e.g., a Manager, Officer, Director, Vice President, or Chief of contracts, grants, licensing, research administration, or sponsored programs for the institution). To strengthen data security measures, data management, and to allow for independent oversight, NIH will not allow individuals to occupy multiple key roles; that is, a PI may not serve as the AOR. Note: If registered with eRA Commons (not required), requestors must use the same authorized person (e.g., Grants Management Specialist) as listed in eRA Commons.

Email Address*

Name*

Job Title/Position*

Independent Collaborators

Provide the information of collaborators in a different institution than the PI that will have access to the specimens and/or data (or its derivatives); a secondary agreement is required for Independent Collaborators and their institutions.

Institution 1

Institution name*

Institution type* ----

Country*

Province/region/state

Website URL*

Domain

Collaborators from Institution 1

Role in Team	Email Address	Name	Job Title/Position

Authorized Organization Representative Information for Institution 1

Email Address*

Name*

Job Title/Position*

If your project includes more than one collaborating institution, please add the similar information for other institution(s) on a separate sheet of paper.

Research Project Information

Title of Research Plan*

Requested Materials*

Description of Research*

The Research Description must convey the relevant background to justify the request. This should include the following:

Scientific premise, including the importance of the research question and the potential impact of the project	
Explanation on how the data being requested will accomplish the aims of the proposed research project	

Research Objectives and Design*

Please provide a description of your Research Objectives and Design. The description should include the following:

Hypothesis that will be tested	
Research methodology	
Analysis procedures	
Justification for the use of the specific specimens for your research project	

Analysis Plan*

The Analysis Plan must describe a detailed plan for specimen and data analysis. This should include:

A brief summary of the team's expertise and experience to perform the analysis proposed	
Specifics on how the specimens and data will be held, managed, and processed	
Specifics on how data generated will be managed and shared per NIH's Data Management and Sharing Policy and deposited back to NIDDK Central Repository at the discretion of NIDDK per the Data and Resources Use Agreement	

Research Use Statement*

The Research Use Statement should be a standalone summary (1 or 2 paragraphs) of the proposed Research Project in plain language and include any proposed use of cloud computing, private cloud computing, or remote access on the project. The Research Use Statement will be made publicly available in accordance with relevant HHS, NIH policies, and NIDDK-CR policies, and featured in the List of Approved Requestors on NIDDK-CR Resources for Research (R4R) website.

Research Use Statement	

Research Type *

Please select all categories that describe your research project.

Imputation and Missingness
Risk Prediction
Secondary Outcomes
Statistical Analysis
Statistical Methods
Systematic Review
Training/Education

Support Information

Grant Number, if NIDDK funded

Specimen Information

Primary Specimen Shipping Information

Lab Contact Email*

Lab Contact Phone Number

Name*

Shipping Company and Account Number*

Shipping address*

Specimen Details

Number of Specimens*

Material Type(s)*

Comments

Will data be returned to parent study?*

◯ **Yes** ◯ **No**

Will results data be stored in data repository?*

◯ **Yes** ◯ **No**

Information Security

☐ By checking this box, I, as the PI or PI representative requesting access to NIDDK-CR Data and/or Resources, attest that Data will be secured, at a minimum, in accordance with NIST SP 800-171 or the equivalent ISO/IEC 27001/27002 standards as stipulated by the NIH Security Best Practices for Users of Controlled-Access Data*

Please select the information security practices that will be used*

- ☐ Institute supported, controlled access server
- ☐ Institute supported, password protected desktop computer
- ☐ Encrypted, password protected laptop computer
- ☐ Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
- ☐ Cloud computing/private cloud computing
- ☐ Other

If other, please specify

Additional details about information security practices that will be used*

You may view the Best Practices for Computer Security and Data Control document for information on best practices.

Do you plan to combine the requested resources with other sources?*

Yes No

If yes, please describe the other resource sources you plan to combine and how you plan to combine them, specifically highlighting how you plan to prevent re-identification*

Attachments

Submitted documents must be in English

Parent Study Approval*

The Parent Study Approval must be uploaded as a pdf

Specimen List*

Other Documents