



All ancillary study proposals must be reviewed and approved by the TECOS Executive Committee prior to initiation. External funding will be required for all ancillary studies; however, proposals may be submitted prior to confirmation of funding. Please provide responses to all of the following questions.

## TECOS Ancillary Study Proposal Application Form

<b>Title of Proposed Study:</b>
<b>Initiating Investigator, Institution, and Contact Information:</b>
<b>Collaborator(s) and Institution(s):</b>
<b>Participating TECOS Investigator(s) and Institution(s):</b>
<b>Proposed Starting and Ending Dates: From:- ___ / ___ / ___ to:- ___ / ___ / ___</b>
<b>Proposed Involvement of TECOS Participants and Staff:</b> <ol style="list-style-type: none"> <li>1. Participants to be involved (characteristics, age, gender, etc.):</li> <li>2. Estimated number of visits per participant to complete study:</li> <li>3. Estimated time per participant visits:</li> <li>4. Proposed use of TECOS materials (blood samples, etc.):</li> <li>5. Proposed TECOS coordinating center involvement (requests for data, assistance with analysis, etc.):</li> </ol>
<b>Estimated Cost Per Year:</b>

**Funding Source, Status, and Anticipated Date Available:**

**Brief Description of Proposed Study:**

*Please include a synopsis of the relevant background and rationale, study hypotheses or questions, sample size/justification, and data analysis strategy. This section not to exceed one full page.*

**Office Use Only**

**ANCILLARY STUDY COMMITTEE REVIEW:**

Recommend to Executive Committee:..... YES / NO

Request revision.....YES / NO

Reject.....YES / NO

**Office Use Only**

**BIOMARKER COMMITTEE REVIEW (if applicable):**

Recommend to Executive Committee:.....YES / NO

Request revision .....YES / NO

Reject .....YES / NO

**EXECUTIVE COMMITTEE:**

Accept.....YES / NO

Request revision .....YES / NO

Reject .....YES / NO

**Additional Comments:**