

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

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

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

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BIOMARKER COMMITTEE REVIEW (if applicable):

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

Request revisionYES / NO

RejectYES / NO

EXECUTIVE COMMITTEE:

Accept.....YES / NO

Request revisionYES / NO

RejectYES / NO

Additional Comments: