**NKI-NEPTUNE Ancillary Grant Program LOI/Concept Sheet**

Please email this form to Tina Mainieri, [NEPTUNE-STUDY@umich.edu](mailto:NEPTUNE-STUDY@umich.edu) by February 21, 2019

|  |  |
| --- | --- |
| Study Title |  |
| PI Name |  |
| Affiliation |  |
| E-mail Address |  |
| Co-Investigators’ Names |  |

Proposed Study Abstract (limit to one paragraph):

Please indicate your anticipated NEPTUNE resource needs below. For your full ancillary application, due March 14, 2019, the NEPTUNE DACC will help you with finalizing the request, application requirements, and budget estimate.

1. Summarize your request for existing clinical data.
2. In the table below, please indicate the amount of existing sample, at each visit, you will need for your proposed study. *The Ancillary Studies Policy states that you should indicate the absolute minimum amount to complete your proposed study.*

| **Visit Sequence** | **Baseline** | **4 Mos.** | **8 Mos.** | **12 Mos.** | **18 Mos.** | **24 Mos.** | **30 Mos.** | **36 Mos.** | **42 Mos.** | **48 Mos.** | **54-60 Mos.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Plasma |  |  |  |  |  |  |  |  |  |  |  |
| Serum |  |  |  |  |  |  |  |  |  |  |  |
| 24-hour Urine |  |  |  |  |  |  |  |  |  |  |  |
| Spot Urine |  |  |  |  |  |  |  |  |  |  |  |
| DNA |  |  |  |  |  |  |  |  |  |  |  |
| RNA |  |  |  |  |  |  |  |  |  |  |  |

1. Will you need a **statistician or data analyst** from the DACC for you proposed ancillary study?

YES NO

1. Will your proposed study **involve additional study visits, procedures or specimen acquisition** beyond the core NEPTUNE protocol?

YES NO