Immune Tolerance Network

TrialShare Sample Request Proposal

INSTRUCTIONS:
Complete this form only if you are requesting mechanistic samples from ITN clinical trials. There are separate forms for Clinical Trial or Tolerance Assay proposals that are available on the Submit a Proposal section of the ITN website. This form is designed for offline completion using *Microsoft Word*. A version that may be completed using *Adobe Acrobat Reader* is also available.

Applicants should consult the Guidelines for Submission for information on the content required in each field in order to ensure that you are providing all information required for the review process.

When all information has been entered, save the completed form to your hard drive. Using your internet browser, visit http://www.immunetolerance.org/professionals/proposals/submit-proposal to begin the submission process. You will be required to create an account with the ITN's submission and review system to submit proposals.

SECTION 1: General Information

A. TITLE OF PROPOSED STUDY

B. ITN CLINICAL STUDY FROM WHICH SAMPLES ARE REQUESTED

C. Principal Investigator

Last Name	First Name	Middle Initial	Degrees ☐ MD ☐ PhD ☐ Other:
Position/Title			

D. Mailing Address Of Principal Investigator

Institution			Department
Street Address			
City	State/Province	Zip/Postal Code	Country
Office Telephone	Fax Number		E-Mail Address

E. Collaborators/Co-investigators

In the space below, list any Co-investigators or collaborators to be involved in this study. i.e. *John Doe, University of Immunology, clinical collaborator*

SECTION 2: Research Information

A. ABSTRACT

Please provide a short description of the proposed research, including Objectives, Basis/Rationale, Significance and descriptions of the methodologies. Descibe how the proposal is either relevant or ancillary to immune tolerance or whether it has other objectives.

B. STUDY REQUIREMENTS

Briefly summarize the requirements for implementation of the proposed research. Specifics regarding patient groups, patient visits, sample types and amounts of stored samples required (i.e. specific cell number requirements or serum/plasma volumes) should be indicated so that the request can be evaluated in the context of all planned and proposed studies. Indicate the minimum amount of sample necessary to complete the analysis. Requests for samples and/or results from more than one trial can be indicated. Are assays to be carried out in your laboratory or using ITN Core Facilities?

C. Budget Estimate

For proposals for which financial support is being requested, please provide a budget estimate.

SECTION 3: Additional Project Information

A. Conflict of Interest Disclosure

In the space below, disclose any personal or professional involvement with industrial concerns or personal commercial interests held by yourself and your collaborators that are relevant to the current proposal.

B. Institutional Review Board Approval

In the space below, indicate whether Institutional Review Board (IRB) approval for use for the proposed research has been requested. If IRB approval has been obtained, please indicate and provide documentation (as supporting information). If IRB approval for use has been requested and denied, please indicate in the space below.

Most study proposals involving ITN samples will qualify for IRB Exemption determination. You will be contacted regarding this determination if your proposal is approved for consideration.

C. Supporting Publications

List up to five (5) publications that have direct relevance to this proposal. Note that these publications are not necessarily required to be authored by the prinicpal investigator. Include those publications which support and/or clarify the current proposal. Provide complete references listing all authors, title, publication, issue and year.

D. Confidentiality Agreement

☐ By submitting the ITN Sample Sharing Request Proposal, I, the recipient investigator, understand that all samples provided by the ITN are de-identified and agree that any request to or attempt at re-identification is prohibited under any circumstance. **(check box if in agreement)**