

# TrialShare Sample / Data Request

**INSTRUCTIONS:** ITN sampled and/or data can be requested by completing this form and sent (along with any supporting materials) to the Office of Strategic Review and Planning (OSRP) at [submissions@immunetolerance.org](mailto:submissions@immunetolerance.org). Please send all sample/data requests directly to OSRP ([submissions@immunetolerance.org](mailto:submissions@immunetolerance.org)), rather than individual members of the ITN, to ensure appropriate review.

## SECTION 1: General Information

### A. TITLE OF PROPOSED STUDY

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### B. ITN CLINICAL STUDY FROM WHICH SAMPLES / DATA ARE REQUESTED

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### C. Principal Investigator

Last Name	First Name	Middle Initial	Degrees <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> 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. Describe how the proposal is either relevant or ancillary to immune tolerance or whether it has other objectives.

## B. STUDY REQUIREMENTS

Please provide a summary of the requirements needed to implement the proposed research. Be specific about patient groups, visits, and the types and amounts of samples/data needed, including cell numbers or serum/plasma volumes required. This information will help us evaluate your request in the context of other planned and proposed studies. Also, indicate the minimum amount of samples needed for the analysis. If you are requesting samples, data, and/or results from multiple trials, please indicate them in your request. Please indicate if any planned assays will 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. Detailed budgets will be requested upon request approval.

## SECTION 3: Additional Project Information

### A. Conflict of Interest Disclosure

Please disclose any personal or professional involvement that you or your collaborators have with industrial concerns or personal commercial interests that are relevant to the current proposal. Please provide this information in the space below.

### B. Institutional Review Board Approval

Please indicate in the space below whether you have requested Institutional Review Board (IRB) approval for the proposed research. If you have obtained IRB approval, please provide documentation as supporting information. If you have requested IRB approval but it has been denied, please indicate that in the space below. Most study proposals involving ITN samples will qualify for IRB Exemption determination and not require a full IRB review

### C. Supporting Publications

If applicable, please provide a list of up to five (5) publications that directly relate to this request. These publications do not necessarily need to be authored by the principal investigator but should support or clarify the current proposal. Please ensure that you provide complete references, including all authors, the 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)**