

**SPIROMICS Data, Sample, and Analysis Request Form**

*Please return completed form to* *lbateman@email.unc.edu**.*

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The average turnaround time for most data requests is 4 weeks or 20 business days.*

*The average turnaround time for most sample requests is 6 weeks or 30 business days.*

**High Priority Request *(< 4-week turnaround for data and < 6-week turnaround for samples)*?**

[ ]  Yes

[ ]  No

If Yes, please explain the high priority need in detail:

|  |
| --- |
|  |

**Requestor Information**

[ ]  SPIROMICS Investigator

[ ]  Non-SPIROMICS Investigator If Non-SPIROMICS Investigator:

|  |  |  |
| --- | --- | --- |
| Name:  |  | Sponsoring/Collaborating Investigator Name: |
| Institution: |  | Sponsoring/Collaborating InvestigatorInstitution: |
| Mailing Address: |  | Sponsoring/Collaborating InvestigatorMailing Address: |
| Phone:  |  | Sponsoring/Collaborating InvestigatorPhone: |
| Email:  |  | Sponsoring/Collaborating InvestigatorEmail: |
| Biospecimen Ship To:Contact Name, Address, Phone, and Email |  | Sponsoring/Collaborating InvestigatorBiospecimen Ship To Address, Phone, and Email: |

**Type of Request**

**Summary or Individual Data Requested?**

[ ]  Summary/Aggregate data

[ ]  Individual data

**Biospecimen Pull Requested?**

[ ]  No

[ ]  Yes

**CT Images Requested?**

[ ]  No

[ ]  Yes

**Request Purpose and Associations (check all that apply)**

[ ]  Approved Ancillary Study → Please specify Ancillary Study #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved Manuscript → Please specify Manuscript #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  New Analysis / Publication

[ ]  TOPMed analysis/submission (that will be linked to dbGaP genotype/phenotype data)

 Please provide as much detail as possible\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Grant Submission

[ ]  Feasibility Analysis

[ ]  Sponsor Documentation

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General description, purpose, and/or goal of the request:**

|  |
| --- |
|  |

**Request Details**

**Please list datasets or data forms related to this request:**

|  |
| --- |
|  |

**Please list specific variables (reference data dictionary or code book as needed):**

|  |
| --- |
|  |

**Data/biospecimens/images time point(s) requested?**

[ ]  Baseline/Visit 1

[ ]  Repeatability Substudy (SPIROMICS I)

[ ]  Reproducibility Substudy (SPIROMICS I)

[ ]  Visit 2

[ ]  Visit 3

[ ]  Visit 4

[ ]  Bronchoscopy Substudy (SPIROMICS I)

[ ]  Exacerbation Substudy (SPIROMICS I)

[ ]  Visit 5 (SPIROMICS II)

[ ]  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Could your analysis be done on data/biospecimens/images from an alternate time point?**

[ ]  No

[ ]  Yes

**Participant sample:**

[ ]  All

[ ]  Stratum 1

[ ]  Stratum 2

[ ]  Stratum 3

[ ]  Stratum 4

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant sample description:**

|  |
| --- |
|  |

**Design and analysis plan (if applicable):**

|  |
| --- |
|  |

**Dataset structure/organization?**

[ ]  Wide (1 row per participant, e.g. many variables if longitudinal data requested)

[ ]  Stacked (multiple rows per participant, e.g. rows with visit indicator if longitudinal data requested)

[ ]  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**File Format Type Desired?**

[ ]  sas

[ ]  .csv

[ ]  DICOM

[ ]  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Biospecimen sample pull requests ONLY:**

**Please specify sample type and sample volume/size requested. (check all that apply)**

|  |  |
| --- | --- |
| **Blood** | **Volume/Size** |
| [ ]  Blood Paxgene (BL) |       |
| [ ]  Serum (SE) |       |
| [ ]  P100 Plasma (PL100) |       |
| [ ]  EDTA Plasma (PLLT) |       |
| [ ]  Citrate Plasma (PLYT) |       |
| **Urine** | **Volume/Size** |
| [ ]  Urine (UR) |       |
| [ ]  Preserved Urine (PUR) |       |
| **Induced Sputum** | **Volume/Size** |
| [ ]  Sputum (SPU) |       |
| [ ]  Mucin (MUC) |       |
| **DNA/RNA** | **Volume/Size** |
| [ ]  DNA |       |
| [ ]  RNA |       |
| **Bronchoscopy** | **Volume/Size** |
| [ ]  Oral Rinse (ORRNS) |       |
| [ ]  Pellet (PEL) |       |
| [ ]  Cytobrush (BR) |       |
| [ ]  Protected epithelial brush (PROBR) |       |
| [ ]  Bronchial wash for microbiome (BWBIO) |       |
| [ ]  Bronchial wash pellet (BWPEL) |       |
| [ ]  Bronchial wash supernatant (BWSUP) |       |
| [ ]  Bronchial lavage supernatant (BLSUP) |       |
| [ ]  Bronchial lavage macrophage alq (BLMAC) |       |
| **Other Sample Type Not Listed Above** | **Volume/Size** |
| [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |                 |

**Are there any special sample handling request such as sample sorting, aliquoting, randomization, number of samples per box, etc.?**

**If yes, please describe in detail here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Data Security**

**Indicate the information security practices to be used (check all that apply):**

[ ]  Institute supported, controlled access server

[ ]  Institute supported, password protected desktop computers

[ ]  Encrypted, password protected laptop computer

[ ]  Encrypted portable media (e.g. encrypted external hard drive, encrypted thumb drive)

[ ]  Unencrypted portable media backup (e.g., CD, DVD, thumb drive) stored in a locked file cabinet

**Funding/Support Information**

**If data are to be used as part of a grant application or study proposal, select the funding type that corresponds to the *intended* funding source:**

[ ]  Unfunded academic research

[ ]  Funded academic research

[ ]  Commercial/Industry

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If research has already been funded, please indicate funding source/charge code information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the samples, data, and/or results be used for or by a commercial/industry sponsored or non-sponsored purpose?**

[ ]  No

[ ]  Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to approve an estimate of the charges associated with this request?**

[ ]  No

[ ]  Yes

**Additional Comments**

|  |
| --- |
|  |

**Acknowledgements**

**Please acknowledge the following requirements by initialing next to each statement.**

1. \_\_\_\_\_\_\_\_\_\_Investigator agrees to adhere to SPIROMICS guidelines for confidentiality and data use outlined in the Data and Materials Distribution Agreement completed for this request (applies to individual level data only).
2. \_\_\_\_\_\_\_\_\_\_Investigator agrees that SPIROMICS data will be used only as described in this document.
3. \_\_\_\_\_\_\_\_\_\_Investigator acknowledges that all presentations and publications are subject to the SPIROMICS Publications and Presentations Policy.
4. \_\_\_\_\_\_\_\_\_\_Investigator acknowledges that all ancillary studies are subject to the SPIROMICS Ancillary Study Policy.
5. \_\_\_\_\_\_\_\_\_\_Investigator acknowledges that the SPIROMICS biorepository will not ship samples until email communication confirms receiving party is ready and agrees to receipt of shipment at their facility.