

# T1DGC Contributing Investigator Request for Quarterly Data and Samples

Page 1 of 3

1. Date form completed:	-         -         Day Month Year
2. Contributing Investigator:  _____	
3. Contributing Investigator 's e-mail:  _____	
4. Contributing Investigator's phone number:  _____	
5. Clinics affiliated with Contributing Investigator:  Clinic ID              Clinic ID              Clinic ID         Clinic ID              Clinic ID              Clinic ID         Clinic ID              Clinic ID              Clinic ID          Please record the four-digit clinic ID for all additional clinics in the space provided below:  _____  _____	
6. Request for: SELECT ONE RESPONSE.	(SKIP QUESTIONS 9 & 10) Data Set (SKIP QUESTIONS 7 & 8) Samples Both
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

# T1DGC Contributing Investigator Request for Quarterly Data and Samples

7. Data set requested:  
SELECT ONE RESPONSE.

- July 1, 2005  1
- October 1, 2005  2
- January 1, 2006  3
- April 1, 2006  4
- July 1, 2006  5
- October 1, 2006  6
- January 1, 2007  7
- April 1, 2007  8
- July 1, 2007  9
- October 1, 2007  10
- January 1, 2008  11
- April 1, 2008  12
- July 1, 2008  13
- October 1, 2008  14
- January 1, 2009  15
- April 1, 2009  16
- July 1, 2009  17
- October 1, 2009  18
- January 1, 2010  19
- April 1, 2010  20
- July 1, 2010  21
- 2010.10.AA  22
- 2010.Final  23

8. Are there additional individuals who should have access to these data?

- Yes  1
- No  2

If yes, please provide the names of these individuals.

**NOTE: INDIVIDUALS MUST BE LISTED IN THE T1DGC DIRECTORY.**

---

---

---

9. Samples requested:  
SELECT ONE RESPONSE.

- 10 mcg DNA aliquot  1
- Cell Line  2
- Both  3

# T1DGC Contributing Investigator Request for Quarterly Data and Samples

Page 3 of 3

## 10. Shipping Contact Information:

Name of contact: \_\_\_\_\_

Shipping address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_