

## EXAMPLE TEMPLATE – FOR INFORMATIONAL PURPOSES ONLY

This form is an EXAMPLE only and should not be filled out and sent to the NIDDK Central Repository. If you are interested in requesting specimens from a specific collection stored at the NIDDK Repository, please navigate to the 'Request' tab from the NIDDK-CR Homepage and select "Biospecimen Request".

## NIDDK Central Repository – Resources for Research (R4R)

### Ancillary Request Form – Example Template

The following example responses are shown for informational purposes only. Do not copy any of the example responses to populate the request fields.

\* = Required Field

### Ancillary Request

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Request Name\*

*CKiD ClinicalMeasure1 Study*

### Request Lineage

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Originating Request (*drop down*)

### Requestor Information

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Name\*

*John Doe*

Address\*

*123 Main Street  
Anytown, US 12345*

Email Address\*

*john.doe@university.edu*

Job Title/Position

*Postdoctoral Fellow*

Institution Name

*University of Anytown*

Phone

111-222-3333

Fax Number

111-222-4444

Website

*www.university.edu/mylabpage/*

### Principal Investigator Information

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PI Name\*

*Dr. Jane N. Charge*

PI Institution\*

*Any Place University*

Students are not eligible to sign an agreement. Faculty/institutional Staff must be listed as the PI and students as other users.

Email Address\*

*jane.charge@apuniversity.edu*

### Support Information

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Grant Number, if NIDDK funded

### Specimen Shipping Information

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Lab Contact Email\*

*john.doe@university.edu*

Shipping Company and Account Number\*

*Ship Express Acct: ABC123*

Shipping address\*

*123 Main Street  
Anytown, US 12345*

Note: All specimens will be shipped to the above address. Specimens cannot be shipped to a post office box.

## Request Details

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Study\*

(CKiD) The Chronic Kidney Disease in Children Cohort Study

Select the desired studies.

Desired Number of Specimens\*

50

Approximate count of specimens required for your study.

Material Type(s)\*

Urine

Comments

**EXAMPLE:** Requesting urine samples from visits: V1b, V2 and V4. Would like for a smaller subset of 50 samples be sent to ensure that the setup for specimen receipt is efficient prior to other specimens being sent to the AnytownClinical Labs for processing. The Data Coordinating Center (DCC) will provide the final list of samples.

Will data be returned to parent study?\*

Yes

Will results data be stored in data repository?\*

Yes

## Specimen and Data Use Agreement

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For reference, an example of the "NIDDK-CR Specimen and Data Use Agreement" (S/DUA) form can be viewed at the [Information for Requestors](#) page. The S/DUA agreement form for the current request will be generated and sent to the requestor after request submission.

## Agreement Form

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Title of Research Plan\*

**EXAMPLE:** Effects of Factors A, B, C, and D on Outcome1 and Outcome2 in Type 1 Diabetics

**Other Users under the PI**

*John Doe*

**Independent collaborators (include institution)**

*Joe Klieman (University of Institution)*

**Requested Materials\***

*50 samples of Urine at 0.5mL*

**Research Objectives and Design\***

**Description of Research\***

### Analysis Plan\*

### Public Use Statement\*

*EXAMPLE: The requested samples are for an approved ancillary study. The urine samples will be used to measure urineAnalyte1, Analyte2, and Analyte3. The study will look at the correlation of ClinicalMeasure1 to the measuredratio of urine Analyte1 to Analyte2.*

Please include a one-two (1-2) paragraph Research Use Statement which may be made publicly available.

### Authorized Organization Representative Information

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Please provide the name, title, and email address of the official from your institution who will act as the Authorized Signatory on the Agreement. The Authorized Signatory (aka Signing Official) is described on the [Frequently Asked Questions](#) page as follows:

A Signing Official (SO) from your institution should provide this signature. An SO has institutional authority to legally bind the institution in grants administration matters. The individual fulfilling this role may have any number of titles in the grantee organization. For most institutions, the Signing Official (SO) is located in its Office of Sponsored Research or equivalent.

Authorized signatory name\*

*John Sign*

Authorized signatory title\*

*Contract Manager*

Authorized signatory email\*

*authorized.signatory@university.edu*

## **Attachments**

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**Agreement Extension Letter**

**Parent Study Approval\***

**Partially Executed Agreement**

**Progress Report**

**Sample List\***

**Other**