

Biospecimen Budget Form

1. Today's date: Click or tap to enter a date.

2. Full study title:

3. Principal investigator:

- Name:
- Institution:
- E-mail address:

4. Type of biospecimen needed and Wave:

Wave	Serum	Plasma	DNA	RNA	Dried Blood spots	Stool Microbiome	Oral Microbiome
Wave IV					☐		
Wave V	☐	☐	☐			☐	☐
Wave VI	☐	☐	☐	☐		☐	

5. Volume requested (including "dead volume" or padding):

6. Sample size:

7. Planned assays:

8. Assays will be run in singleton:

- ☐ Yes
☐ No

9. Assays will be completed:

☐ At Add Health's partner lab (Laboratory for Clinical Biochemistry Research (LCBR) at the University of Vermont)

☐ At another laboratory (provide name and contact information)

10. Number of variables added:

11. Plans for final disposition of leftover sample (if any):

12. What types of assistance will the ancillary study require from the Add Health staff?

13. Additional comments:

Note: please plan on an inflation of 2% in cost annually.