## Add Health Biospecimen Preliminary Form



## **Part I. Basic Study Information**

1.	Today's date: Click or tap to enter a date.					
2. Full study title:						
3. Principal investigator						
	Name:					
	Institution:					
	Address:					
	Phone:					
	E-mail address:					
4. Collaborator(s)						
	Name:					
	• Institution:					
	E-mail address:					

## Part II. Lab Form

How did you hear about this resource?									
2. What type of biospecimen is needed (example – plasma, serum, bloodspot) and from what Wave?									
	Wave	Serum	Plasma	DNA	RNA	Dried Blood spots	Stool Microbiome	Oral Microbiome	
	Wave IV								
	Wave V								-
	Wave VI								-
3.	How much	ı volume d	do you expe	ect to need	d per biosp	ecimen?			
4. In order to maintain the integrity of your testing, what specific conditions, if any, do the biospecimens need to have been collected under? For example, participant fasted beforehand. Please provide justification.									

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5.	In order to maintain the integrity of your testing, in what condition should your biospecimens have originally arrived at our Add Health partner lab, Laboratory for Clinical Biochemistry Research (LCBR)? For example, within 24 hours or 48 hours of collection, chilled on arrival, etc. Please provide justification.
6.	Can your assay be completed at Add Health's partner lab (LCBR) at the University of Vermont)? If not, why and which alternate lab(s) do you propose to perform your assays? Please provide their contact information.
7.	What assays do you want to perform?
8.	Additional questions for lab.

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