

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. Funding

- Agency and mechanism (e.g., R01, P01)
- Opportunity Link:
- Submission Deadline:
- Allowable F&A (Indirect) Cost Rate:

5. Type of biospecimen needed and Wave:

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

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

7. Sample size:

8. Planned assays:

9. Assays will be run in singleton:

- ☐ Yes
☐ No

10. 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)

11. Number of variables added:

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

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

14. Additional comments:

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