



Diabetes Prevention Program Outcomes Study A03 Ancillary Study Specimen Request Form

This Ancillary Study Specimen Request Form must be submitted if samples from DPP/DPPOS stored specimens are requested for the ancillary study.

Note: In accordance with HIPAA regulations all participant identifiers such as Participant Id, Nickname etc. will be removed from all samples that will be released to an ancillary study unless otherwise approved. Please refer to DPPOS Ancillary Studies Policy for further information.

Title of Proposed Ancillary Study _____ Date of Request _____

Principal Investigator: _____

A. Type of Identification:

1. De-Identified Yes ___ No ___

If No, Type of Identification needed:

Patid _____ Nickname _____ Other _____

B. Sample Specifications:

2. Demographics: Age _____

Sex _____ Race _____

3. Specimens Requested:

a. DPP Samples:

Treatment Assignment Group	Placebo							Metformin							Lifestyle							Trog		
	Time Assessed/ No. Specimen							Time Assessed/ No. Specimen							Time Assessed/ No. Specimen							Time Assessed/ No. Specimen		
Type of Specimen	Base	M06	Y01	Y02	Y03	Y04	Y05	Base	M06	Y01	Y02	Y03	Y04	Y05	Base	M06	Y01	Y02	Y03	Y04	Y05	Base	Y01	OTH
A. DNA (µg)																								
B. EDTA (mL)																								
C. Heparin (mL)																								
• 0 min																								
• 30 min																								

CoC Use Only Ancillary Study No. _____
Ancillary Study Committee Action-Approval: Yes / No Date ____ / ____ / ____

b. DPPOS Samples:

Treatment Assignment Group	Placebo						Metformin						Lifestyle					
	Time Assessed/ No. Specimen						Time Assessed/ No. Specimen						Time Assessed/ No. Specimen					
Type of Specimen	01A	02A	03A	04A	05A	OTH	01A	02A	03A	04A	05A	OTH	01A	02A	03A	04A	05A	OTH
EDTA (mL)																		

c. Sample Request with Participant Identifiers:

Complete this section ONLY if you are requesting samples with participant identifiers. Reminder: You must submit a justification why participant identifiers are needed for this ancillary study with your application.

Clinic	Patid	Nickname	Type of Visit	Visit Date	Type of Specimen	Number of Aliquots Requested	Comments

CoC Use Only Ancillary Study No. _____

Ancillary Study Committee Action-Approval: Yes / No Date ____ / ____ / ____