



Diabetes Prevention Program Outcomes Study A04 Ancillary Study Progress Report

Title of Proposed Ancillary Study : _____
Abbreviated Title : _____
P.I.: _____
Institutional Affiliation of P.I. : _____
Mailing Address: _____
P.I. Telephone: _____ Fax _____ P.I. e-mail: _____
Date of Progress Report: ____/____/____
DPPOS Co-P.I (if different from P.I.): _____

Please attach (2-page maximum length) status report on the progress of the study to the Ancillary Studies Committee. Also submit the Ancillary Study Status Database along with this progress report.

The progress report should include the following information:

1. Date of initiation of Ancillary Study
2. Current or pending sources of funding
3. Number of subjects enrolled
4. Summary of study objectives
5. Summary of results obtained during the project period
6. Future goals and expected completion of Ancillary Study.....

Approval shall lapse, if the study has not been initiated after 1 year from the date of initial approval.

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