



Diabetes Prevention Program Outcomes Study Ancillary Study Application Checklist

Title of Proposed Ancillary Study : _____

Abbreviated Title : _____

Ancillary Study P.I.: _____

DPPOS Co-P.I. (if applicable): _____

Institutional Affiliation: _____

Mailing Address: _____

P.I. Telephone: _____ Fax _____ P.I. e-mail: _____

To facilitate review of your application, please check if you have included the following items.

- 1. DPPOS Ancillary Study Application Checklist
- 2. Ancillary Study Proposal
- 3. A01- DPPOS Ancillary Study Application Form
- 4. A02-DPPOS Ancillary Study Data Request Form (if applicable)
- 5. A03-DPPOS Ancillary Study Sample Request Form (if applicable)
- 6. Name of DPPOS Co-investigator (if applicable)
- 7. Ancillary Study Protocol (if applicable)
- 8. Informed Consent Form
- 9. IRB Approval Letter
- 10. Letter of Agreement from Clinics (if applicable)
- 11. HIPAA Database Agreement