Number of manuscript(s) planned	Number of presentation(s) planne	d Other
Analysis Timeline		
Start Date	Completion Date	
_	I, copy and paste from the preliminary form. Crrent project. Key references may be attached	^
·		

1. Project Title

5. Research objectives and hypotheses: [If unchanged, copy and paste from the preliminary form. Otherwise, provide numbered list of research objectives and related hypotheses.]

6. Population definition: [Description of subset of study subjects as well as visit records (e.g. inclusion/exclusion criteria such as only males, only only individuals from sites x, y and z, or only those consenting for biospecimen collection. Which records should be used in the analysis?]
[If unchanged, copy and paste from the preliminary form. Otherwise, detail any specific inclusion and exclusion criteria (beyond general study entry criteria) here.]
7. Analysis Plan: [If unchanged, copy and paste from the preliminary form. Otherwise, provide analysis plan.]
 8. Co-Investigators: [If unchanged, copy and paste from the preliminary form. Otherwise provide name, institution, and institutional email address for each additional co-investigator. *Students and early-career investigators must include advisor/mentor's information]
9. Data Time Point:
 10. Data Dictionary Selection: Please list all variables of interest in the field below. Data Dictionary forms and variables can be found here. *If variables of interest are not listed in the Data Dictionary, please list them

11. Who will conduct the	ne analyses (Select all that apply)?	
Applicant	LIMBIC-CENC Data and Biostatistics Core	LIMBIC-CENC Neuroimaging Core
12. Which file format v	would you prefer to receive your data?	
13. Data Recipient:		
Name:	Email:	
Date:		
14. Status of IRB Appr	roval:	
*Please continue to ne	kt page for Other Specimens or Complex Data Fil	es Section

OTHER SPECIMENS or COMPLEX DATA FILES

participating in the MTA

MTA Status

ribe details of any data files re	equested not in CRFs or d	lata dictionary (e.g. raw EEG or MRI)
,	•	No complex data files requested
ibe LIMBIC-CENC biologic	specimens requested	No biologic specimens requested
		ovide any additional details required to identify e pecific specimens of interest, please contact the E
Core.		
Specimen type De	etails (e.g. number of sub	bjects, number of samples, amount per subject)
Serum		
Plasma		
DNA		
Packed cells		
☐ RNA PaxGene Tube (whole blood) ☐ Saliva ☐ Other: specify		
Total Requested Volume		
6b. Delivery Information Ship To Address:	POC Name: Address:	
	Phone: Email:	
Is a Material Transfer Agree (MTA) Required? (An MTA required for specimens from	is Yes	No
Please list all institutions		

NOTE: Publications and/or presentations of research that use LIMBIC-CENC data or biologic specimens must be submitted to the LIMBIC-CENC Publications Committee at cenc@vcu.edu.

Under Review Executed

Pending