CARET Project Application

1. Principal Investigator: _____

Current Position: _____

Academic Department: _____

Telephone: _____ Fax: _____

Street Address: _____

City, State, Zip: _____

E-mail Address: _____

2. **Other Involved Investigators and Contact Information:**

_____

_____

_____

3. **Date:** _____

4. **Project Title:** _____

5. **Project Description:**

1. Attach a brief description (7 page maximum, 11 font; not including budget and cited literature) that addresses specific aims, background and significance, preliminary results (if available), and experimental methods and design. The design and methods section should describe the study population (e.g., inclusion/exclusion criteria, case-control matching criteria), data and specimens being requested, laboratory methods, and statistical analyses and power calculations, as appropriate. When requesting specimens please specify the types of sample needed for analyses (serum, plasma, whole blood, processed dna); volume of specimen needed for proposed assays; the maximum allowable number of freeze-thaw cycles undergone by the sample; and timing of the blood draw with respect to CARET intervention (baseline/pre-intervention vs post-baseline) and diagnosis of cancer (specify years prior to diagnosis, etc.).

6. Type of project proposed (check all that apply):

- ☐ Mechanism of CARET's Intervention Effect
- ☐ Early Detection of Disease
- ☐ Risk Factors for Disease
- ☐ Prognostic Factors
- ☐ Pooled-data Analysis
- ☐ Other (specify): _____

7. Sample type requested (check all that apply), and amount of specimen requested for proposed assay(s):

	Amount
☐ Serum	_____
☐ Plasma	_____
☐ Whole blood	_____
☐ Processed DNA	_____
☐ Tissue	_____
☐ Other (specify):_____	_____

8. **Can samples be previously thawed? Yes_____ No_____ If "yes", maximum # of thaws**:_____

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9. **Estimated study sample size required: Cases_____Controls_____**

9a Case Type: _____

9b. Brief description of study inclusion/exclusion criteria:

Cases: _____

Controls: _____

10. Intervention arm / population to be studied (check all that apply):

- ☐ Placebo participants only
- ☐ Active intervention participants only
- ☐ Current smokers
- ☐ Ex-smokers
- ☐ Asbestos workers
- ☐ Other (specify): _____

11. Timing of blood draw (CARET samples are all pre-diagnosis; no post-diagnosis samples available) Check all that apply:

- ☐ baseline / pre-intervention
- ☐ post-baseline
- ☐ prior to, but close to time of diagnosis
- ☐ serial samples

12. If these specimens are to be used in a grant proposal, what kind of grant:

_____

13. Name(s) of project collaborators: _____

14. Location of laboratory: _____

15. Budget for costs incurred by CARET.

There are CARET costs associated with sample selection, pulling of samples, data analyses, IRB approval, downsizing of samples, restocking of samples, etc. that will need to be incurred by the applicant. These costs will need to be negotiated with the CARET Project Manager. If submitting a grant proposal, please discuss costs with the CARET Project Manager to include in your grant.

16. Sample Blinding Policy:

All laboratory analyses will be conducted in blinded fashion with respect to case-control status. CARET will maintain the blind until all laboratory assay data have been delivered to CARET and all samples exhausted or returned. Any exception to the blinding policy will require approval of the CARET Scientific Committee.

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17. Use of human subjects requires approval of the appropriate Institutional Review Board (IRB). Has an application for IRB approval been submitted for review?

☐ **Yes** ☐ **No** ☐ **Pending**

IRB approval date: ____/____/_____

IRB File# _____

_____

Applicant Signature Date

Please submit applications to:

e-mail: CARET@fhcrc.org

or fax: 206-667-5964

Questions about the application process may be sent to CARET@fhcrc.org, or to the CARET Project Coordinator at 206-667-6113