**UA Center for Disparities in Diabetes, Obesity, and Metabolism**

**Disparities Biobank Research Initiative**

 **Access Request Form**

**CDDOM Biobank Executive Joint Governance Committee**

Request includes:

|  |
| --- |
| [ ]  CDDOM Biobank de-identified data and/or samples |
| [ ]  CDDOM Biobank participant re-contact (for new samples, data, new study recruitment) \* |

**General Information:**

|  |  |
| --- | --- |
| Today’s Date: |  |
| PI Name: |  |
| PI Department/Division: |  |
| PI Institution:  |  |
| Street Address |  |
| City, State, Zipcode |  |
| PI Phone #: |  |
| PI Email: |  |
| Requestor Name and Role: |  |
| Requestor Phone #: |  |
| Requestor Email: |  |
| Project Name: |  |
| IRB #: \* |  |

\* *Requests can be made without an IRB-approved protocol; however no samples or subject-specific data will be distributed until the study has been IRB-approved.*

**Funding Source/Sponsorship:**

|  |  |
| --- | --- |
| [ ]  Internal Budget |  |
| [ ]  Industry | Name of Sponsor: |
| [ ]  Current Funded Grant | Funding Agency:  |
| [ ]  Proposed Grant  | Funding Agency: NIHGrant Submission Deadline:  |

**Alignment with CDDOM**

MISSION

To serve as a nucleus for interdisciplinary research that forms the foundation for translation of biomedical research to advanced, evidence-based clinical care in the community.

VISION

To improve the health and wellbeing of Latino patients with type 2 diabetes among one of the most high-risk yet underserved regions in the nation.

APPROACH

To create research infrastructure ranging from basic and translational biomedical sciences to clinical research and to community healthcare partners that can facilitate translation of knowledge from the bench to the community and back, in a virtuous cycle.

**Does this study align well with the mission, vision, and approach of CDDOM? (Please specify how?)**

**Description of Study:**

*Please describe your proposed study in a succinct but complete manner. Include specific aims, hypothesis, rationale, study design, and type of analytical methods that will be used (ex. Genotyping).*

 **Benefits of Using Biobank Resources:**

*In lay terminology, please provide ~100 words describing how using Biobank resources will benefit your study (this will be posted on the internal and external Biobank website).*

**Benefits to Community Health Centers:**

*In lay terminology, please provide ~100 words describing any benefits to El Rio Community Health Center or Mariposa Community Health Center from your study?*

**Benefits to Patients of Community Health Centers:**

*In lay terminology, please provide ~100 words describing any benefits to the participants from your study?*

**Sample Information:**

|  |  |
| --- | --- |
| Estimated date (mm/yy) first samples/data are needed: |  |
| Estimated number of patients needed for **entire study**: |  |
| Estimated number of patients needed for first distribution of samples: (if different from that of entire study project) |  |
| What specific assay or analysis is planned? |  |

|  |
| --- |
|  |
| **Final signatures**  |
|  |
| We, the undersigned, have reviewed and approve the project as outlined, including the specific data and samples as outlined. |
|  |
| The researchers agree to contact the Principal Investigator (Lawrence Mandarino, PhD) and CDDOM Biobank Program Director (Oscar Parra, MADM) within 2 monthsof learning any individual research result or incidental finding that should reasonably be returned to study participants. The ***Biobank* *Results Team will convene*** to discuss the potential implications of this result in the context of this proposed plan for return of results in this study. Modifications will be made as necessary to the plan by the team. The plan will be carried out by team members as outlined in the plan.The researchers agree to share all results, both positive and negative, with the biobank team, consisting of staff of CDDOM and El Rio Community Health Center. In addition, researchers agree to present their findings at an annual El Rio Research Fair. |
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|   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| *CDDOM Biobank Applicant Signature date of signature* |
|  |
|  |
| *CDDOM Biobank PI Signature date of signature* |

***Please submit this completed form to*** *oscardp@arizona.edu**.*