

# *SICCA Sjögren's International Collaborative Clinical Alliance*

## **SICCA Data/Biospecimen Application Form Cover Sheet**

*One of the goals of SICCA is to provide data and biospecimens from Sjögren's syndrome patients and controls to investigators studying this disease. The research projects should represent cutting-edge concepts and technology that will move the field of Sjögren's research forward and help to improve prevention and management of this disease.*

### **A. General Information**

1. Date: \_\_\_\_\_

2. Submission Type:                     Initial                     Revised

3. Study name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Investigator(s):  
\_\_\_\_\_  
\_\_\_\_\_

5. Institution(s):  
\_\_\_\_\_  
\_\_\_\_\_

6. Address of Principal Investigator:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Phone Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

8. Fax number:  
\_\_\_\_\_

9. Email Address:  
\_\_\_\_\_  
\_\_\_\_\_

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10. Contact Person (if different from principal investigator):

\_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

11. Does this proposal involve a R01 submission or other extramural grant?

Yes  No

If yes, please specify funding agency or grant number.

\_\_\_\_\_

12. IRB Approval:

Does this project have local IRB approval?  Yes  No

If no IRB approval what is the anticipated approval date? \_\_\_\_\_

IRB Approval Number: \_\_\_\_\_

If study site is located outside the United States, please provide

FWA Number: \_\_\_\_\_

Expiration Date of FWA: \_\_\_\_\_

13. For application review purposes, do you have:

Conflicts of interest with any investigators: \_\_\_\_\_

Recommendations for reviewers: \_\_\_\_\_

***The completed SICCA Data/Biospecimens Application Form should be sent electronically (as a PDF) to Annie Chou at [annie.chou@ucsf.edu](mailto:annie.chou@ucsf.edu)***

| For Internal Use Only   |   |
|---|---|
| Date of Receipt _____   |   |
| Reviewers: SICCA Directors: _____ Approved for external review _____ Rejected _____ |   |
| Review panel – Name of Reviewers _____  |   |
| _____   |   |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Approved with comments |
| <input type="checkbox"/> Revision Requested   | <input type="checkbox"/> Rejected               |
| Comments: _____   |   |
| _____   |   |
| NIDCR PO: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected       |   |