

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 Danielle Drury @ danielle.drury@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: _____	
<hr/> NIDCR PO: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	