**General Information**

|  |
| --- |
| Name:  Institution/Affiliation:  Email:  Phone Number: |
| **Individuals involved in Concept, and their Role, Institution/Affiliation, and Email Addresses**  Individual to Complete Assay, if applicable:  Individual to Complete Biomarker Data Analysis:  Individual to Complete Clinical Data Analysis: |
|  |

**Biospecimen or Data Proposal (Not to exceed 1 page)**

|  |  |
| --- | --- |
| **Assay Type or Data requested:**  ***(Genomics, western, proteomics, mass spec, etc.)*** |  |
| **Background:**  **(not to exceed 10 lines)** |  |
| **Preliminary Results:**  **(not to exceed 10 lines)** |  |
| **Relevant Publications If Available or applicable (<5)** |  |
| **Primary Objective:** |  |
| **Secondary Objective:** |  |

**Assay Proposal Continued:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **I-SPY COVID Specific Biomarker Patient Population:**  **(specific treatment arm if applicable, or all arms)** |  | | **Sample Type Required** | *Buffy Coat. Plasma Paxgene RNA Paxgene DNA*  *Citrate plasma (ideally) or serum (alternatively)* | | **Timepoint (D0, D3, D7 are current timepoints)** | *All, plus follow-up, if available* | | **Quantity of Sample Required For Assay** | *Ideally 50ul; 10ul as a minimum* | | **Special Processing Required Above Current MOP? If so, please detail here including time involved, time urgency of processing, need for additional equipment, biosafety precautions, or other relevant logistical considerations.** | *NA* | |

**Analysis, Budget, Funding, and Timeline**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **General Analysis Overview**  ***(Not to exceed more than 1 page)*** | (A very concise, clear, and brief summary of how data from this assay would be analyzed) | | **Assay cost per sample** | $ | | **Supplies needed and associated cost per sample** |  | | **Other Relevant Information/Comments:** |  |   **Submission**   |  |  | | --- | --- | | **Please Submit in MS WORD To:** | **Carolyn Calfee, MD MAS (PI) ISPY COVID Biomarker Working Group Chair**  **c/o Michael Szymanski, Project Manager**  **Email: m.szymanski@quantumleaphealth.org**  **Please copy** [**Carolyn.calfee@ucsf.edu**](mailto:Carolyn.calfee@ucsf.edu) | |