**IMPAACT Network Data Request (DR)**

Submit the completed DR to the IMPAACT Operations Center for consideration by the Network using this email address: impaact.capsubmissions@fstrf.org. Upon receipt, the IMPAACT Operations Center will contact you to provide information concerning the next steps.

**Request Submitted by:** [Name and email address]

**Date submitted:**

**Scientific Area(s):** (please check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Complications/Coinfections  | ( ) | Tuberculosis | ( ) |
| HIV Treatment | ( ) | ART-Free Remissions | ( ) |

**Title:**

**Proposing Investigator(s):** Include name(s), institution(s), phone number(s), email(s).

[ ]  Check here to attest that all listed investigators are supportive of this proposal.

**Relevant IMPAACT Studies:** List all IMPAACT/PACTG studies from which data are being requested.

**Rationale:**

**Primary Objectives:**

**Secondary Objectives:**

**Relevant IMPAACT studies:** List all IMPAACT studies that are pertinent to the research questions and from which data and/or specimens will be used.

**Data Management and Data Analysis:** Identify the responsible parties for both data management and analysis (e.g., IMPAACT SDMC, drug company, CRS/CTU), and identify specific variables and associated CRF(s) required for the analysis. If an SDAC statistician has already worked on this concept sheet prior to submission, e.g., by providing sample size calculations (which is NOT mandatory), please provide the statistician’s name.

**Timeline for Completion:**

**References:**