MACS/WIHS COMBINED COHORT STUDY

MWCCS Resource Request Form

Multicenter AIDS Cohort Study (MACS) & Women's Interagency HIV Study (WIHS) Combined Cohort Study (MWCCS)

EXAMPLE ONLY

Welcome to the MWCCS Resource Request Form
Form uses:
1. Request MACS/WIHS/MWCCS data
2. Request MACS/WIHS/MWCCS specimens
3. Request additional assistance from the DASC to lead the analysis for your concept sheet.

1. Lead Investigator Name: *

First Name Last Name

Preferred First Name

If different from your legal first name.

2 Lead Investigator Email: *

example@example.com

3. Lead Investigator Phone Number *

Area Code Phone Number

4. Lead Investigator Institution *

5. Main contact (if other than lead investigator)

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6. Additional contact email

example@example.com

8. README Number *

9. Study Resource(s) Requested *

- ☐ Requesting data
- ☐ Requesting genomic data
- ☐ Requesting specimens from the repository
- ☐ Requesting analytic support

A. Data Specifications for DASC Data Requests

10. Data Cohort Used (select all that apply) *

- ☐ MWCCS data (2020+)
- ☐ MACS data (< 2020)
- ☐ WIHS data (< 2020)

11. Inclusion Criteria *

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12. Exclusion Criteria *

13. Type of Data Requested *

- ☐ Longitudinal (multiple visits)
- ☐ Cross-sectional (one visit)

When describing 'time period requested' please specify the visit numbers and/or specific years needed. You can also specify time periods like "post-mainstream HAART era (year 2000+)" or conditions (time on a specific drug).

14. Time Period Requested *

When providing a list of data elements please be as specific as possible. For example, "CD4 cell count and HIV RNA at HAART initiation, current smoking, ever history of CVD".
Include variable names if possible (MACS, WIHS, and MWCCS visit variables are available on the MWCCS Admin website).

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15. Provide a list of requested data elements *

16. In what format would you like to receive your data (SAS files, CSV, etc.) *

B. Specimen Requirements and Sample Specifications

18. Specimen Time Period and Cohort Requested (select all that apply) *

- ☐ MWCCS samples (2020+)
- ☐ MACS samples (< 2020)
- ☐ WIHS samples (< 2020)

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18a. Check all MWCCS sample types that apply *

- ☐ Serum
- ☐ EDTA plasma
- ☐ CPT plasma (former WIHS sites only)
- ☐ Sodium heparin plasma (former MACS sites only)
- ☐ CPT dry cell pellet (former WIHS sites only)
- ☐ Sodium heparin dry cell pellet (former MACS sites only)
- ☐ CPT viable cells (PBMC, former WIHS sites only)
- ☐ Sodium heparin cells (PBMC, former MACS sites only)
- ☐ Urine (first void)
- ☐ Urine (supernatant)
- ☐ Cervicovaginal lavage (CVL, whole)*
- ☐ Cervical swabs
- ☐ Vaginal swabs
- ☐ Host DNA
- ☐ Saliva (unstimulated)
- ☐ Oral rinse
- ☐ Oral rinse (pellet)
- ☐ Hair (Aouizerat lab)
- ☐ Dried Blood Spot (DBS) card (Aouizerat lab)

19. Do you require pristine (no tests, no thaws) samples? *

- ◯ Yes
- ◯ No
- ◯ Preferred, but not mandatory

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20. Indicate if, and which, high-value samples will be included in your id-visit list (NOTE: Please ensure your research plan includes justification for high-value samples (VIP). Requesting high-value samples to solely augment participant count will not be approved): *

- ☐ Baseline visit for new enrollees
- ☐ HIV seroconverters
- ☐ Deaths
- ☐ HAART initiators
- ☐ Long-term non-progressors
- ☐ Elite non-progressors
- ☐ Rapid progressors
- ☐ Fast progressors
- ☐ Incident cancers
- ☐ Incident MI and stroke
- ☐ Incident hepatitis C virus (HCV) infection
- ☐ Spontaneous HCV clearance
- ☐ HCV treatment
- ☐ Incident hepatitis B virus (HBV) infection
- ☐ Resolution of HBV infection with treatment
- ☐ COVID-19 hospitalizations
- ☐ Not requesting high-value samples

21. Please list the preferred volume for EACH specimen type that you are requesting (NOTE: for PBMC please list the optimal and minimal acceptable numbers of viable PBMCs requested. For dry cell pellets, please list the optimal and minimal number of PBMCs in the pellet) *

22. Please list the minimum acceptable volume for EACH specimen type that you are requesting *

23. Expected number of specimens *

The total number of all specimen types requested combined. For example if you request 50 specimen visits of blood and 30 specimen visits of urine, total specimens would be 80.

24. Expected number of person-visits *

The total number of participant-visits you are requesting. For example, if you plan to request specimens from 10 participants, and you want specimens from two visits each, this response would be 20.

25. Expected number of unique participants *

The total number of participants that you will be requesting any specimens from.

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26. Specify tests that will be performed *

When describing matching criteria please include factors like age, race, serostatus, acceptable ranges, hierarchy, etc. Please note that the more factors included will limit finding sufficient controls.

27. Matching criteria

When describing the time period requested please use specific visit numbers, specific years, time eras like "post-mainstream HAART era (year 2000+)", conditions (time on a specific drug), etc.

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28. Time period requested (Specimens) *

29. Specify results that will be returned to DASC *

30. Anticipated date results will be returned to DASC *

Month Day Year

All specimens will be shipped in person-visit order unless otherwise specified below.

31. Do you require the vials to be blinded? *

- ◯ Yes
- ◯ No

32. Do you require the vials to be randomized? *

- ◯ Yes
- ◯ No

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33. Other shipment requirements?

34. Which days of the week are you able to receive shipments (Example: Monday-Friday) *

35. What hours are you able to receive the shipment (Example: 9am-5pm) *

36. Will you be providing a list of id-visits? *

- ◯ Yes
- ◯ No
- ◯ Other

37. Will you require DASC to program your specimen request? *

- ◯ Yes
- ◯ No

Lab Shipping Information

Investigator in charge of the lab who will sign the Material Transfer Agreement (MTA) if required.

39. Lab Contact Name *

First Name Last Name

EXAMPLE ONLY

40. Lab Contact Email *

example@example.com

41. Lab Contact Phone Number *

Area Code Phone Number

Other contact person (if different from above) who will receive specimens.

42. Other Lab Contact Name

First Name Last Name

43. Other Lab Contact Email

example@example.com

44. Other Lab Contact Phone Number

Area Code Phone Number

Lab name and shipping address

45. Lab Name *

EXAMPLE ONLY

46. Lab Shipping Address *

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

47. Will the specimens in this repository request need to be transported to an additional lab? *

- ◯ Yes
- ◯ No

48. Is the information the same as what was included in the Specimen Requirements and Sample Specifications section of this form? *

- ◯ Yes
- ◯ No

Additional Lab Shipping Information

Investigator in charge of the lab who will sign the Material Transfer Agreement (MTA).

49. Additional Lab Contact Name *

First Name | Last Name

EXAMPLE ONLY

50. Additional Lab Contact Email *

example@example.com

51. Additional Lab Contact Phone Number *

Area Code Phone Number

Other contact person (if different from above) who will receive specimens.

52. Additional Other Lab Contact Name

First Name Last Name

53. Additional Other Lab Contact Email

example@example.com

54. Additional Other Lab Contact Phone Number

Area Code Phone Number

Additional Lab name and shipping address

55. Additional Lab Name *

EXAMPLE ONLY

56. Additional Lab Shipping Address *

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

57. Preferred shipment packaging

- ☐ dry ice
- ☐ liquid nitrogen
- ☐ Other

58. Preferred shipment method

- ☐ overnight courier
- ☐ FedEx
- ☐ Other

59. Please complete a new DASC Resource Request Form for the additional lab.

60. Additional Notes/Comments

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Submit

9a. Type of genomic data requested: *

- ☐ MACS Mega Array
- ☐ Historic WIHS genomic data
- ☐ Historic MACS genomic data
- ☐ MWCCS genomic data

18b. Check all historical MACS sample types that apply *

- ☐ Serum
- ☐ EDTA plasma
- ☐ Sodium heparin plasma
- ☐ Sodium heparin viable cells (PBMC)
- ☐ Sodium heparin dry cell pellet
- ☐ B-cells (pellets)
- ☐ Urine (clean void)
- ☐ Stool
- ☐ Anal swabs
- ☐ Throat wash
- ☐ Semen

18c. Check all historical WIHS sample types that apply *

- ☐ Serum
- ☐ EDTA plasma
- ☐ CPT plasma
- ☐ CPT dry cell pellet
- ☐ CPT viable cells (PBMC)
- ☐ Sodium fluoride/potassium oxalate plasma (WIHS only)*
- ☐ Urine (clean void)*
- ☐ Urine (supernatant)*
- ☐ Urine (pellet)*
- ☐ Cervical vaginal lavage (CVL, whole)*
- ☐ Cervical swabs*
- ☐ Hair* (Aouizerat lab)
- ☐ Host DNA
- ☐ Saliva (stimulated)*

17. Are funds available to test the requested specimens? If funding is not yet available, then samples will not be released until funds become available *

- ◯ Yes, this research is part of existing core MWCCS grants
- ◯ Yes, this research is part of a funded grant or contract
- ◯ No. this research has not yet been funded

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17a. Please provide the Sponsor and Grant Number for this work: *

19a. Please provide scientific justification for why pristine samples are required or preferred *

22a. Please provide a scientific justification for the minimum acceptable volume that you are requesting for EACH sample type *

EXAMPLE ONLY