**Figure 18.2 MTN Secondary Data Analysis Request**

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| **1. Application date** |  |
| **2. Number and title of primary MTN study to which the analyses will be linked** |  |
| **3. Name and contact information for proposing MTN investigator (include institutional affiliation/email/phone)** |  |
| **4. Name and contact information for non-MTN collaborating investigator (institutional affiliation/email/phone)** |  |
| **5. Description of proposed study, including rationale, purpose, objectives, methods, necessary staff and other resources, and other relevant information** | (Attach additional sheets as needed.) |
| **6. How will data from the proposed study be managed and analyzed?**  | Specify who will be responsible (e.g. MTN SDMC) and where data will be managed and analyzed; attach additional sheets as needed. |
| **7. Are supplemental MTN funds required for the proposed study?** |  If Yes, specify amount and purpose of funds requested, attach additional sheets as needed. If No, specify source of funding. |