**MTN Secondary Data Analysis Request Form**

**Instructions:**

To request approval for MTN to perform an secondary data analysis, complete this form, then print it, hand sign and hand date it, and send a scanned copy of your signed and dated application to the FHI 360 Clinical Research Manager for the MTN Protocol that this relates to. See the MTN MOP Section titled, *Ancillary Study Proposal, Secondary Data Analysis Requests and Request for Data Sets*, for more detailed information.

|  |  |
| --- | --- |
| **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. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Investigator Requesting the Analysis Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or typed name of Investigator Requesting the Analysis