**ATLANTA WIHS CONCEPT IMPLEMENTATION QUESTIONNAIRE**

Congratulations on the approval of your concept sheet! In order for the Atlanta WIHS team to be better able help you implementing your concept, please provide us the information about your project, filling out the form below. If you have any questions about items on the form or need help filling out the form, please contact Shanon Thomas at shanon.l.thomas@emory.edu.

**CS Information:**

**Date:** Click here to enter text.

**Investigators:** Click here to enter text.

**Contact info: a) email** Click here to enter text. **b) phone** Click here to enter text.

**CS Title:** Click here to enter text.

**CS Readme #:** Click here to enter text.

**CS Approval date #:** Click here to enter text.

**Project Information:**

1. Is this your first WIHS-approved concept?  Yes  No
2. Have you received orientation in WIHS data and processes?  Yes  No
3. Does your study involve:  existing WIHS data  future WIHS data
4. Does your study require new data collection different from core WIHS visit?  Yes  No
5. Do you plan to request WIHS samples?  Yes  No
6. Do you need statistical support?  Yes  No
7. Do you need lab support? ☐ Yes ☐ No
   1. If yes, which support do you need?  Sample processing  Sample storage  Sample shipment  Repository use
   2. If sample storage is required, please note for how long Click here to enter text.
   3. If shipment is required, please note how many times per year Click here to enter text.
8. What is the time line of your study, i.e. estimated completion date? Click here to enter text.
9. Is this study related to an existing grant?  Yes  No

If yes, funding institution name and grant # Click here to enter text.

1. Do you have an Emory eIRB account?  Yes  No
2. Are you Key Concepts for Investigators & CITI certified?  Yes  No

**New Data Collection Information (fill out only if you plan new data collection):**

1. Are you new to human subjects research?  Yes  No
2. Is IRB & OCR review needed?  Yes  No
3. Are there billable items (labs/clinic services) for this study?  Yes  No
4. Is biosafety/radiation approval needed?  Yes  No
5. What are the target dates for the beginning and end of proposed data collection? Click here to enter text.
6. Is this a multi-site WIHS concept that includes Emory?  Yes  No

**If Yes:**

* 1. Please, list other participating sites Click here to enter text.
  2. Please, describe if you need any help coordinating research at those sites and whether there are any possible issues with study implementation at other sites Click here to enter text.

1. Does your proposed data collection involve:  unstructured interviews  survey  focus groups  physical exam  lab processing  sample collection  sample storage  sample shipment?
2. If your project involves participant enrollment:
   1. How many participants do you plan to enroll? Click here to enter text.
   2. What are your inclusion/exclusion criteria? Click here to enter text.
3. Please, provide brief description of proposed data collection Click here to enter text.
4. What staff support do you need for your data collection?  interviewer  clinician  lab technician  data management  project coordinator  recruitment coordinator
5. What compensation do you offer for: a) Atlanta WIHS staff involvement Click here to enter text. b) Participants Click here to enter text.

Thank you for completing the form!

Please, email the completed form to the Atlanta WIHS PD, Rachael Farah-Abraham at rfaraha@emory.edu

**For office use only:**

Does investigator need:

* 1. New investigator orientation?  Yes  No  Scheduled?
  2. Meeting with data manager?  Yes  No  Scheduled?
  3. Meeting with lab manager?  Yes  No  Scheduled?
  4. Meeting with regulatory coordinator?  Yes  No  Scheduled?
  5. Meeting with site coordinator?  Yes  No  Scheduled?
  6. Meeting with PD?  Yes  No  Scheduled?
  7. Meeting with biostatistician?  Yes  No  Scheduled?
  8. Meeting with Atlanta WIHS PIs?  Yes  No  Scheduled?