**BMT CTN Secondary Analysis Study Proposal**

Investigators are requested to provide a thorough, yet concise response to each section of the proposal. A complete, well-developed proposal will greatly facilitate the timeliness of your proposal’s review by BMT CTN Protocol Teams, DCC and Executive Committee. Additionally, having sufficient information will assist the BMT CTN in the assessment of clinical data availability, and in the accurate evaluation of your study proposal objectives, feasibility, study design and scientific merit.

Investigators should allow a minimum of 30 business days for the appropriate teams and committees to complete their review and to provide a final determination regarding study approval.

Please submit completed proposals to the following BMT CTN DCC contacts:

Valerie Stewart (vstewar2@nmdp.org) or Yung-Tsi Bolan (ybolon@nmdp.org)

1. **PI Information:**

PI Name (First, Middle, Last):

Institution Name:

Title:

Phone:

Email:

1. **Co-Investigators (if applicable):**
2. **Title of Secondary Analysis Study**:
3. **BMT CTN Protocol(s) Associated with Study:**
4. **Specific Study Hypotheses to be Tested:**
5. **Preliminary Data and Background**:
6. **Study Eligibility: (***Eligible population for the ancillary study. Specify if this study applies to all patients enrolling on the parent trial(s) or limited to a subgroup. Please provide a thorough, yet concise statistical justification (power calculation) for the number of subjects to be included on the proposed study***)**.
7. **Study Participants and Clinical Outcomes Data Required for Study Analysis**:
8. **Statistical Analysis Plan**: **(***Please provide sufficient information to show that a thorough study analysis plan has been developed in the context of all study hypotheses***).**
9. **Statistician Support**: **(***Please provide names and qualifications related to this study for all investigators providing statistical support for the study analysis. If BMT CTN statistical support is desired for this study, please clearly indicate this request in your study proposal. You will be contacted by a BMT CTN DCC representative to discuss your request and determine if resources are available to support your study***)**.

[ ]  *Yes, I plan to apply for BMT CTN DCC statistician’s support to do the analysis.*

***(Please give specifics on funding)****:*

[ ]  *No, I do not plan to use BMT CTN DCC statistician’s support to do the analysis. And only need data support from BMT CTN DCC.*

 ***(Please give specifics on statistician)****:*

1. **Funding for this Secondary Data Analysis Study**:

Funds are currently available:

[ ]  YES

* If Yes, from where, and what is the amount available?

[ ] NO

* If No, how do you plan to fund the study?

[ ] I plan to apply for funding through my institution.

 **(Please give specifics)**:

 [ ]  I plan to apply for funding in collaboration with other investigators.

 **(Please give specifics)**:

 [ ]  I plan to apply for funds from **(complete)**:

1. **References**: