



MACS/WIHS COMBINED COHORT STUDY

MWCCS DACC Resource Request Form

Multicenter AIDS Cohort Study (MACS) & Women's Interagency HIV Study (WIHS)
Combined Cohort Study (MWCCS) Data Analysis & Coordination Center (DACC)

Welcome to the MWCCS DACC Resource Request Form

Form uses:

1. Request MACS/WIHS/MWCCS data
2. Request MACS/WIHS/MWCCS specimens
3. Request additional assistance from the DACC to lead the analysis for your concept sheet.
4. Request specimen inventory

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)

1

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
- Requesting specimen inventory

9a. Type of genomic data requested: *

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

A. Data Specifications for DACC Data Requests

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

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

11. Inclusion Criteria *

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 (copies of MACS & WIHS forms with variable names can be found on our website at mwccs.org)

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

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

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

17a. 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
- Hair

- Host DNA
- Saliva (unstimulated)
- Oral rinse
- Oral rinse (pellet)

17b. 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

17c. 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*
- Host DNA
- Saliva (stimulated)*

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

- Yes
- No
- Preferred but not mandatory

19. Indicate if, and which, high-value samples will be included in your id-visit list (LINK to description) *

- Not requesting high-value samples
- HIV seroconverters
- Pre-HAART deaths
- HAART initiators
- Long-term non-progressors
- Elite non-progressors
- Rapid progressors
- Fast progressors
- Incident cancers
- Incident MI and stroke

20. Preferred Volume (NOTE: for PBMCs and dry cell pellets, please list the volume as the number of cells per vial. For example, 10 million cells per vial) *

21. Minimum acceptable volume *

22. Expected number of specimens *

23. Expected number of person-visits *

24. Expected number of unique participants *

25. 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.

26. 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.

27. Time period requested (Specimens) *

28. Specify results that will be returned to DACC *

29. Anticipated date results will be returned to DACC *

 

Month Day Year

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

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

- Yes
- No

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

- Yes
- No

32. Other shipment requirements?

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

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

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

- Yes
- No
-

35a. Will you require DACC 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.

36. Lab Contact Name *

First Name Last Name

37. Lab Contact Email *

example@example.com

38. Lab Contact Phone Number*

Area Code

Phone Number

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

39. Other Lab ContactName

First Name

Last Name

40. Other Lab ContactEmail

example@example.com

41. Other Lab Contact Phone Number

Area Code

Phone Number

Lab name and shipping address

42. Lab Name *

45. Lab Shipping Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

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

Yes

No

47. 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).

48. Additional Lab Contact Name*

First Name Last Name

49. Additional Lab Contact Email *

example@example.com

50. Additional Lab Contact Phone Number *

Area Code Phone Number

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

51. Additional Other Lab Contact Name

First Name Last Name

52. Additional Other Lab Contact Email

example@example.com

53. Additional Other Lab Contact Phone Number

Area Code Phone Number

Additional Lab name and shipping address

54. Additional Lab Name *

55. Additional Lab ShippingAddress *

Street Address

Street Address Line 2

City State /Province

Postal / Zip Code

56. Preferred shipment packaging

- dry ice
- liquid nitrogen

57. Preferred shipment method

overnight courier

FedEx

58. Please complete a new DACC Resource Request Form for the additional lab.

59. Additional Notes/Comments

[Submit](#)

EXAMPLE ONLY