



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)

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. Has the work relating to this specimen request been funded? Please note, if this work has not been funded then samples will not be released until it is funded and you will need to submit a new request.

Yes, this research is part of existing core MWCCS grants

Yes, this research is part of a funded grant or contract

No, this research has not yet been funded

17a. Please provide the Sponsor and Grant Number for this work:*

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

MWCCS samples (2020+)

MACS samples (< 2020)

WIHS samples (< 2020)

18a. 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 (Aouizerat

lab)

Host DNA

Saliva (unstimulated)

Oral rinse

Oral rinse (pellet)

Dried blood spot (DBS) card (Aouizerat lab)

18b. 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

18c. 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*
Urine (clean void)*
Urine (supernatant)*
Urine (pellet)*
Cervical vaginal lavage (CVL, whole)*
Cervical swabs*
Hair*
Host DNA
Saliva (stimulated)*

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

Yes
No
Preferred but not mandatory

19a. Please provide scientific justification for why pristine samples are required or preferred*

20. Indicate if, and which, high-value samples will be included in your id-visit list *

Visit 101 samples (October 2020-September 2021)
Visit 102 samples (October 2021-September 2022)
Baseline visits for new enrollees
HIV seroconverters
Deaths
HAART initiators
Long-term non-progressors
Elite non-progressors
Rapid progressors
Fast progressors
Incident cancers
Incident MI and stroke
Incident hepatitis C (HCV) infection
Spontaneous HCV clearance
HCV treatment
Incident hepatitis B virus (HBV) infection
Resolution of HBV infection with treatment
COVID-19 hospitalizations
Not requesting high value samples

21. Please list the preferred volume for EACH specimen type that you are requesting (NOTE: for PBMC

please list the optimal and minimal acceptable numbers of viable PBMCs requested. For dry cell pellets, please list the optimal and minimal number of PBMCs in the pellet)

22. Please list the minimum acceptable volume for EACH specimen type that you are requesting *

22a. Please provide a scientific justification for the minimum acceptable volume that you are requesting for EACH sample type*

23. Expected number of specimens*

24. Expected number of person-visits *

25. Expected number of unique participants *

26. 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.

27. 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.

28. Time period requested (Specimens) *

29. Specify results that will be returned to DACC *

30. Anticipated date results will be returned to DACC *



Month Day Year

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

31. 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 *

FirstName LastName

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 Contact Name

FirstName

LastName

40. Other Lab Contact Email

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. Is 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*

FirstName

LastName

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

FirstName

LastName

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 Shipping Address

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