

**APPENDIX B:**
**Brittle Bone Disorders Consortium
 Concept Sheet for Data Request**

My submission of this concept sheet indicates my willingness to discuss with and enter into a research agreement with the Brittle Bone Disorders Consortium, according to standard procedures for data analysis, data confidentiality, authorship and intellectual property sharing.

Submission Type: **Initial Submission** **Revised Submission or Resubmission**

Date Submitted: _____

Principal Investigator

Name	
Institution	
Address	
Email	
Phone	
Fax	

Co-Investigator(s)

Name	
Institution	
Address	
Email	
Phone	
Fax	



Proposed Study

Title:

Hypothesis:

Primary Objectives:

Secondary Objectives:

Brief Justification:

Requested Data:

Statistical Endpoints:

Clinical Endpoints to be used in analyses:

Primary comparisons:

Data Analysis performed by:

Budget Considerations:

I. Estimated expenses:

II. Funding Source:

Expected Project Milestones/Timeline for Publication:

Disclosure of Conflict of Interest:

Please attach a copy of your CV when submitting this concept form.

Signatures

I verify that all information provided on this form is accurate to the best of my knowledge.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

For BBD Use Only: This request has been: approved respectfully declined.

Signature: _____ Date _____