



**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**

<b>Name</b>	
<b>Institution</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Fax</b>	

**Co-Investigator(s)**

<b>Name</b>	
<b>Institution</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Fax</b>	



## **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 \_\_\_\_\_