## **ANCILLARY STUDY PROPOSAL**

Health ARC Please fax complete	d form to Alan Camardo at the UCSF Coordinating Center (fax 415/597-9213)
Name of first author:  Telephone number:  Fax number:  E-mail address:	Heath ABC investigator:  (If proposer is outside of Health ABC)  Date of request:  Month  Day  Year
Site:	CSF Coordinating Ctr.□
<ul> <li>d) □An estimate of the sample siz</li> <li>□ (including the assumptions un</li> <li>□ e)□ A detailed estimate of the imp</li> <li>□ cost (including administration</li> <li>□ coordinating center costs, rad</li> </ul>	y stated hypothesis the study the study nethods and procedures to be employe e required to test the primary hypothesis derlying the estimate) act of the study on the main study: and data analysis), staff and participant time, liation exposure, and/or quantity to be consumed per participant
or UCSF Coordinating Center Use: Ancillary study proposal reference #:	
Date distributed to Emerging Science Committe or review:	ee Month Day Year
Date comments sent to proposer:	Month Day□ Year
Steering Committee approval date:	Month Day Year
	ineria: Day's roa.