



## COVID-19 STUDY INTAKE FORM

Please complete the survey below to provide information on your COVID-19 study.

Thank you!

<b>PI NAME</b> * must provide value	
<b>CONTACT INFORMATION</b> * must provide value	Email: _____ Phone #: _____
<b>PI AFFILIATION</b> * must provide value	
<b>STUDY NAME</b> * must provide value	
<b>RECRUITMENT LOCATION(S)</b> * must provide value	
<b>RECRUITMENT DESIGN</b> (check all that apply) * must provide value	a. Hospital In-patient b. Hospital out-patient c. Consented in ER d. Admitted to ICU e. Community sampling f. All COVID-19 patients g. Other _____
<b>DEMOGRAPHICS OF PARTICIPANT POPULATION (check all that apply)</b> * must provide value	a. All age groups b. Age <18 years c. Age 18-50 years d. Age >50 years e. Other _____



<b>ADDITIONAL EXPERIMENTATION PLANNED FOR SAMPLES (check all that apply)</b> <i>* must provide value</i>	a. Viral sequence b. Immune profiling c. Methylation d. Transcriptomics e. Other _____ f. None
<b>INSTITUTION GRANTING REB APPROVAL</b> <i>* must provide value</i>	
<b>PLEASE UPLOAD:</b> <i>* must provide value</i>	a. REB approval letter b. Study consent form(s)

SAMPLE