# NIA Clinical Trials Advisory Panel Initial Proposal Submission Form

This form must be used to advocate for an NIA initiative for a clinical trial or trials in a topic area.

(All tables will expand to accommodate texts added)

## General Information:

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| **Clinical/Public Health Question to be Answered by a Trial(s)** |  |
| **Submitter’s full name, title, e-mail address, and phone number** |  |
| **Submitter’s organization** |  |
| **Submission date** |  |
| **Estimated costs of proposed trial(s) (**Justification must be provided in Section G) |  |

## Public Health Significance, Potential Impact of Proposed Trial(s) and its Relevance to NIA Mission: *(2000 words)*

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## Preliminary Data Supporting the Feasibility of a Proposed Trial(s): *(1200 words)*

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## Intervention(s) (including treatment duration for each intervention) and Duration of the Follow-up Period *(400 words)*

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## Target Population(s) and Estimated Sample Size(s) for the Proposed Intervention(s): (*400 words)*

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## Outcome(s): (do not list specific measurement instruments) *(400 words)*

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## Justification of Estimated Costs: *(1 page)*

## Discussion of Alternative Designs and Costs Associated with these Designs (The proponents should discuss in detail other potential design options answering their research question, costs associated with each design and their advantages and disadvantages in relation to the design of choice- *not to exceed 4 pages*).

***For questions, please contact Sergei Romashkan, M.D. at*** [***romashks@nia.nih.gov***](mailto:romashks@nia.nih.gov) ***or by phone at 301-435-3047.***

***Please submit completed form to*** [***romashks@nia.nih.gov***](mailto:romashks@nia.nih.gov)***.***