



SPIN Proposal Face Page

Date:

Proposal title:

Principal Investigator

Name:

Title:

Email address:

Telephone:

Fax:

Program:

Subspecialty (if applicable):

SPIN Subspecialty Representative:

(List other investigators in proposal body as directed).

If this proposal is accepted by SPIN, I understand and agree that:

- Each eligible subspecialty program will choose if it wishes to participate. Studies will be conducted under the supervision of the cognizant IRB's at each participating study site.
- Study protocols, IRB approvals, other documents, and data collected from project sites will be deposited in APPD LEARN's repository for sharing and archiving, and APPD LEARN shall have a nonexclusive perpetual license to maintain and share such documents and data, with the approval of SPIN.
- Publications arising from this study will acknowledge SPIN and copies of manuscripts will be provided to SPIN following acceptance for publication. Authorship of publications will be determined in advance of writing and with the concurrence of the study's oversight committee, whose members will be jointly selected by the PI and the SPIN Board of Directors.

SIGNATURES:

Principal Investigator

Department Chair

SPIN Subspecialty Representative, if not
the Principal Investigator