



PVDOMICS STUDY

Clinical Center Form #09

Instructions: Complete this form once for each participating PVDOMICS clinical center. This form can be updated as many times as needed and should be kept current throughout the study. Centers will need to update approval dates upon receipt of DCC and Core approvals.
(Individual study staff member information is recorded on Form 10.)

1. Clinical Center Number.....
 11=Brigham and Women's Hospital, Boston, MA
 21=Columbia University, New York, NY
 22=Cornell University, New York, NY
 31=Johns Hopkins University, Baltimore, MD
 41=Mayo Clinic, Rochester, MN
 51=University of Arizona, Tucson, AZ
 61=Vanderbilt University, Nashville, TN
2. Clinical Center Mailing Address:
 - a. Line 1
 - b. Line 2
 - c. Line 3
 - d. Line 4
 - e. City
 - f. State
 - g. Zip/Postal Code
3. Clinical Center Shipping Address for lab supplies: (required)
 - a. Line 1
 - b. Line 2
 - c. Line 3
 - d. Line 4
 - e. City
 - f. State
 - g. Zip/Postal Code
 - h. Mark to the attention of

IRB Approvals (all dates are formatted as mm/dd/yyyy)

4. Date PVDOMICS protocol v1.1 approved by IRB / /
5. a. Date Main/Comparator Consent approved by local site IRB / /
 b. Date Main/Comparator Consent approved by NHLBI / /

6. a. Date Control Consent approved by local site IRB..... ____/____/____
 b. Date Control Consent approved by NHLBI..... ____/____/____
7. a. Date Biobank Consent approved by local site IRB ____/____/____
 b. Date Biobank Consent approved by NHLBI..... ____/____/____

Clinical Center Approvals by Cores

(ICL=Imaging Core Lab, LIC=Lung Imaging Core, CPC=Cardiac Physiology Core)

8. Date ICL approved center for cardiac MRA/MRI imaging..... ____/____/____
9. Date LIC approved center for submitting lung CT DICOM files .. ____/____/____
10. Date CPC approved center for submitting ECG tracings..... ____/____/____
11. Date CPC approved center for submitting RHC files ____/____/____
12. Date CPC approved center for submitting CPET files..... ____/____/____
13. Date Sleep Core approved center for submitting sleep files ____/____/____
14. Date PFT Core approved center for testing PVDOMICS
 participants ____/____/____

COVID-19 Restart Requirement *L-PVDOMICS Study Level 1 in-person visits were temporarily suspended as of March 16, 2020. Each center must provide a date that the center was permitted to resume in-person research visits.*

20. Date received approval to resume in-person research visits: ____/____/____

200. Date form completed (mm/dd/yyyy)..... ____/____/____
201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____