

Co-Enrollment Request Form

Return completed form to Investigators@brainhealthregistry.org

Step 1: Let's start by having you tell us about yourself and your exciting research! We also have some additional questions about the collaboration.

CONTACT INFORMATION	
Study PI Name and Email:	
Study Contact Name and Email:	
GENERAL STUDY INFORMATION	
Name of Study:	
Period of Performance:	Start Date: _____ End Date: _____
CO-ENROLLED COHORT DETAILS	
Number of subjects:	
Age range:	
Clinical diagnosis:	
COLLABORATOR DATA	
What type of data does/will your study collect? <input type="checkbox"/> Medical Record Data <input type="checkbox"/> Neuropsychological tests <input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Genetics <input type="checkbox"/> Other _____	
Are you willing to share your study data with BHR? <i>BHR is interested in linking your study data with our data. This can help validate and support the approach of using the internet to collect data remotely, which can be extremely impactful to the field of research. We highly value and prioritize those potential collaborations that are willing to share and link data.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
If YES: How will your study data be provided? _____	
How frequently would you be able to provide your study data? <input type="checkbox"/> Monthly <input type="checkbox"/> Every 3 months <input type="checkbox"/> Every 6 months <input type="checkbox"/> Annually	

CO-BRANDING

What would you like the co-enrollment study name to be?

“ _____ - Brain Health Registry”

RECRUITMENT STRATEGY

How do you plan to recruit your participants into the co-enrollment?

- I will send out recruitment emails
- I will have an online sign-up form web page
- I will distribute printed informational materials
- I will use a phone call
- I am unable to send and/or distribute recruitment materials

FUTURE REFERRALS TO OTHER STUDIES

Can your participants be enrolled in any other studies while they they are co-enrolled?

- Yes
- No

If **YES**, what types of studies can they also be enrolled in:

- Observational
- Interventional
- Other _____

FUNDING

Do you have funds to support this collaboration?

- Yes
- No

If no funds are currently available, do you plan on submitting a grant to support this collaboration?

- Yes
- No

If **YES**, planned submission date? _____

Step 2: Now let's build your co-enrollment program! Please use the matrix below to see what's included in the "Basic" co-enrollment program and the cost. Please also note that there are costs associated with any "add-ons".

Co-Enrollment Annual Package Matrix

Features	Basic	Add-On	Add-On Cost
Participant and Investigator Support	Up to 1000 participants	Unlimited	\$ X,XXX per additional 1,000 participants
BHR questionnaires	Profile and one questionnaire	2-15	\$1,260 per questionnaire
Collaborator-provided questionnaires	Not Included	Unlimited (up to 25 questions per questionnaire)	\$ 3,000 per questionnaire
BHR Cognitive Tests	Not Included	1-3	\$1,260 per test
Collaborator-provided Cognitive Test	Not Included	Unlimited (needs to have API)	TBD (based on complexity of integration)
Layout	1 tier with general BHR instruction	Up to 10 tiers with collaborator introductions and general BHR instructions	\$ X,XXX per tier
Co-branding	Collaborator name with BHR name only	Collaborator name and logo with BHR name and logo	\$ X,XXX set-up fee
Time points	1 time point	Daily to Annually (up to 5 years)	\$ X,XXX per timepoint
Caregiver and Study Partner Portal (CASPP)	Not Included	Full CASPP	\$ X,XXX
Dataset*	Monthly	Up to daily	\$ X,XXX per additional dataset
Total Direct Cost	\$ XXX,XXX		

*BHR data is provided to Collaborator via a secure link to UCSF box where datasets can be downloaded. BHR data is de-identified. If you are interested in receiving participant contact information, please alert your BHR project manager.

Co-Enrollment Program Information

PROTOCOL CONTENT

A “basic” co-enrollment program includes collection of the Participant Profile and **ONE** BHR questionnaire.

Would you like a “basic” co-enrollment program without any additional “add-on” features?

Yes
 No

If **YES**, please only complete the “Questionnaires” section below and select **ONE** BHR questionnaire for the “Baseline Visit”.

If **NO**, please complete the entire application. Please note that “add on” features may include additional questionnaires, cognitive tests, timepoints, and CASPP. Please also note that there are costs associated with any “add-ons”.

QUESTIONNAIRES

Please select which BHR questionnaire(s) you would like to collect and indicate which visit. *Please contact BHR if you would like to review questionnaire content.*

BHR Questionnaires	Baseline Visit	Longitudinal Visit(s)
ALL	<input type="checkbox"/>	<input type="checkbox"/>
Baseline Initial	<input type="checkbox"/>	<input type="checkbox"/>
Longitudinal	<input type="checkbox"/>	<input type="checkbox"/>
Demographics	<input type="checkbox"/>	<input type="checkbox"/>
My Study Partner	<input type="checkbox"/>	<input type="checkbox"/>
Medical History	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>
Family Tree	<input type="checkbox"/>	<input type="checkbox"/>
Hoarding and Cluttering	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Experience	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Head Injuries and Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Life	<input type="checkbox"/>	<input type="checkbox"/>
Current Medications	<input type="checkbox"/>	<input type="checkbox"/>
Early History	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>
Depression History	<input type="checkbox"/>	<input type="checkbox"/>
Genetic Study Participation	<input type="checkbox"/>	<input type="checkbox"/>
Combat Exposure	<input type="checkbox"/>	<input type="checkbox"/>
PTSD Checklist	<input type="checkbox"/>	<input type="checkbox"/>



If you only want a “basic” co-enrollment program without any “add-on” features, then that’s all the information we need. That’s right - you’re all done! Please submit this form to Investigators@brainhealthregistry.org and we will get back to you shortly with next steps.

If you want to include any “add-on” features, please continue and complete the rest of this application.

Would you like to include any other questionnaires not listed above?

- Yes
 No

If **YES**, how many questionnaires (up to 25 questions) would you like to include:

Please submit a PDF of the questionnaires with this application for review.

COGNITIVE TESTS

Please select which BHR cognitive test you would like to collect and indicate which visit. Please download the PDF from the [website](#) for more details on the cognitive tests.

BHR Cognitive Tests	Baseline Visit	Longitudinal Visit
ALL	<input type="checkbox"/>	<input type="checkbox"/>
Cogstate	<input type="checkbox"/>	<input type="checkbox"/>
Lumosity	<input type="checkbox"/>	<input type="checkbox"/>
Memtrax	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: if you would like to use a cognitive test, third party approvals are needed. BHR will reach out to our cognitive test providers for approval.

Would you like to include any cognitive tests **not** listed above?

- Yes
 No

If **YES**, does the test have an API?

- Yes
 No
 Other _____

LAYOUT

How would you like to organize the questionnaires and/or cognitive tests?

BHR uses tiers or grouping of tasks to present your protocol to participants. *Please download the PDF from the [website](#) for more details on suggested names and introductions.*

Would you like to use the **same** layout organization (including tier name, introductions, and procedures included) as main BHR?

- Yes
 No

If **NO**, please provide your customized layout organization. Using the below format, please submit a PDF of the layout organization (including tier names, introductions, and procedures included) with this application for review.

Tier 1

Name: _____

Introduction (optional): _____

Procedures Included: (please list in order you would like it to appear)

- 1.
- 2.

Do you want any designated start tasks?

One task can start immediately after the consent has been signed, as opposed to the participant selecting it from the task list.

- Yes
 No

If **YES**, please list what procedure you would like as the start task.

CO-BRANDING WITH LOGO

If you would like to include your study logo, please email your logo in jpeg format to investigators@brainhealthregistry.org with this application.

TIME POINTS

If you would like to have more than one timepoint, please let us know how frequently you would like to schedule the longitudinal visits.

What is the frequency of longitudinal visit(s)?

- Daily
 Every _____ Days
 Monthly
 Every _____ months
 Other: _____

Duration of co-enrollment program: _____ months / years

CAREGIVER AND STUDY PARTNER PORTAL (CASPP)

Would you like to include the Caregiver and Study Partner Portal (CASPP)?
Please download the PDF from the [website](#) for more details on procedures.

Yes

No

DATASET

If you would like to receive the datasets *other than* once a month, please let us know how often you would like to receive it.

How frequently would you like to receive a dataset?

Daily

Every _____ months

Annually

ADDITIONAL INFORMATION/COMMENTS: