## WOMEN’S HEALTH INITIATIVE - ANCILLARY STUDIES

## ANNUAL PROGRESS REPORT

**Today’s Date**:

**Name of person filling out the report:**

**AS #**       **Title:**

**PI of Ancillary Study:**

**PI Contact Information:** Phone:       Email:

**Is this a consortium study?** [ ]  No [ ]  Yes

Consortium contact person:       Email:

**Does this study involve participant burden?**

[ ]  No

[ ]  Yes Have all consents and documents been submitted for review? [ ]  No [ ]  Yes

**Does this study involve the submission of WHI data to dbGaP?**

[ ]  No

[ ]  Yes Have you submitted your data to dbGaP using[WHI Guidelines](http://www.whi.org/doc/WHI-dbGaP-Guidelines.pdf)?

 [ ]  No - Please explain:

 If pending, input estimated timeline:

 [ ]  Yes - Input the dbGaP accession number:

**Status of Approved Ancillary Study** **(**Check all that apply.)

[ ]  Actively in preparation for submission to funding agency. Anticipated submit date:

[ ]  At funding agency for review \***Please fill in Funding Information section below**

[ ]  Funded (currently or previously) \***Please fill in Funding Information section below**

[ ]  Data collection/lab analyses in progress

[ ]  Data collection/lab analyses complete

* Were data returned to the CCC?

[ ]  Yes

[ ]  No - Please explain:

[ ]  Manuscripts in preparation

[ ]  Manuscripts in press or published

[ ]  Completed (funding is complete, all manuscripts are completed) \***Please fill in Funding Information section below**

[ ]  Dropped (did not secure funding and do not anticipate re-submission)

[ ]  Other (e.g., temporarily suspended, considering submission for funding, etc.)

*Describe “other” status:*

**Funding Information:**

Please list all pending, current, and completed funding submissions and awards, including administrative supplements. (Copy/paste additional sections if needed for multiple funding submissions and awards.)

* Funding agency (e.g., NIH institute, Intramural, Institutional funds):
* Funding submission date:
* Project period/Funding dates:       [ ]  NCE (No cost extension)
* Status (awarded, pending, denied, complete):
* Agency grant/contract #:
* Notes/Comments:

**Have NIH grant reviewers noted limitations that WHI only includes women?**

[ ]  No [ ]  Yes [ ]  Not sure

**Progress Report** - *A****ttach a narrative addressing the following or respond in the space provided below:***

* Study activities since (date of last report).
* Number of participants enrolled (if applicable).
* WHI Regional Center sites participating (if applicable).
* Summary of findings to date.
* Publications (including abstracts and manuscript proposals in progress, if applicable)
* Any changes to the study anticipated in the next year?
* Is there a sub contract with the CCC? Are there any changes anticipated with this subcontract?

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| **Project Narrative:** |

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| **Additional Notes (Optional):** |