**WHI Ancillary Study**

**DSMB Participant Burden Summary**

|  |  |
| --- | --- |
| **AS #:** |  |
| Study Title: |  |
| Principal Investigator (PI)/Institute: |  |
| Sponsoring WHI PI: |  |
| Funding: |  |
| Project Period: |  |
| Number of participants: |  |
| Summary of Participant Burden: |  |
| Description of data to be collected: |  |
| Estimated time burden for participant: |  |
| Effect on main WHI study: |  |
| Informed consent required? If so, why? |  |
| Participating WHI Regional Center (RC) or Clinical Coordinating Center (CCC): (Please specify center and summary of involvement.) |  |

**Abstract:** Include the abstract and specific aims of the proposed study below.

**Project Timeline:** Include the project timeline from the proposed study below.