

## Feasibility Form for RFA-DK-21-001

**Purpose:** To describe the participants, design, methods, and resources needed for the proposed RFA.

**When:** Form must be submitted no later than March 24, 2021

**Completed by:** Investigator submitting the RFA.

**Instructions:** The form should be completed and signed by the proposing investigator for the RFA (electronic signatures are accepted). Email completed forms (along with any supporting materials) to DFC-Ancillary@umich.edu.

1. Name and contact information for principal investigator for the proposed study:

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email \_\_\_\_\_

2. List collaborators (name, institution):

3. Study Title

4. Brief Summary and rationale:

**5. Specific aims:**

**6. Patient Population:**

**7. Total Sample:**

**8. Inclusion criteria:**

**9. Exclusion criteria:**

**10. Primary/Secondary Outcomes:**

**11. Specify all types of data collection and amount:**

**11a. Tissue Collection:**

**11b. Other Biosamples:**

**11c. Patient reported outcomes:**

**11d. Demographics:**

**11e. Other - specify:**

**12. Timeline and frequency for data collection:**

**13. Specific collection methods/requirements:**

**14. Scheduled of evaluations (visit table):**

- I acknowledge that the DFC Ancillary Studies Policy, including the policy on publications and presentations arising from ancillary studies, applies to the ancillary study proposed herein.
- I understand that if there is a change to one or more of the aims or if additional Diabetic Foot Consortium resources are needed, I must gain approval from the DFC Ancillary Studies Committee to proceed.

**15.** Date form submitted to DFC Ancillary Studies Committee:

Day

Month

Year

**16.** Signature of proposing investigator:  
*(Electronic signature acceptable.)*

**17.** Date received by DFC Ancillary Studies Committee:

Day

Month

Year

**18.** Signature of DFC Ancillary Studies Committee chair/vice-chair: