

**SaaS Request Form**

 Return completed form to [Investigators@brainhealthregistry.org](mailto:Investigators@brainhealthregistry.org)

CONTACT INFORMATION	
PI Name and Email:	
Other Contact Name and Email:	
GENERAL STUDY INFORMATION	
Name of Study:	
Period of Performance:	Start Date: _____ End Date: _____
Cohort Size (number of participants to co-enroll):	
SaaS FEATURES	
Basic SaaS	
<p>The Basic SaaS package includes:</p> <ul style="list-style-type: none"> <li>• Personalization and custom design of the Participant Portal</li> <li>• Participant registration</li> <li>• Online consent form</li> <li>• Data collection</li> <li>• Participant communication</li> </ul>	
Add On Features:	
<p>Would you like to include the Caregiver and Study Partner Portal (CASPP) feature?  <i>Please download PDF from the <a href="#">website</a> for more details on procedures.</i></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Would you like to include the Referral Program feature?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Would you like to include the Spit Kit Management feature?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	

**Data Sharing Plan:****BHR Data**

BHR data is provided to Collaborator via a secure link in the BHR Investigator Portal where datasets can be downloaded.

Do you want to be provided with participant contact information?

- Yes  
 No

How frequently would you like to receive a dataset?

- Monthly  
 Every 3 months  
 Every 6 months  
 Annually

**Collaborator Data**

BHR wants your data! There is extreme value in sharing data to create larger data sets that researchers can collectively use for analysis, papers, and presentations. This harmonization of data can lead to enriched data sets that may facilitate even more impactful discoveries and significant contributions to the field of brain health research.

What type of data does/will your study collect (i.e. in-clinic cognitive assessments; PET image; MR Image; CSF; etc)?

_____	_____
_____	_____
_____	_____
_____	_____

Are you willing to share your study data with BHR?

- Yes  
 No  
 Other \_\_\_\_\_

If **Yes**, how will your study data be provided? \_\_\_\_\_

How frequently would you will you be able to provide your study data?

- Monthly  
 Every 3 months  
 Every 6 months  
 Annually

**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? \_\_\_\_\_

**OTHER - ADDITIONAL INFORMATION/COMMENTS:**