



程序代写代做 CS 编程辅导



WeChat: cstutorcs

THE NATIONAL CHILDREN'S
Assignment Project Exam Help
STUDY ARCHIVE

Email: tutorcs@163.com

QQ: 749389476

STUDY DESCRIPTION AND GUIDE
<https://tutorcs.com>

JULY 2017

程序代写代做 CS编程辅导

CONTENTS

| | | |
|---|---|----|
| 1 | Introduction | 4 |
| | History of the | 4 |
| | Proposed Sam | 5 |
| | Vanguard Stu | 6 |
| | Sampling Mo | 7 |
| | Where Was the Study Conducted? | 8 |
| 2 | Study Population | 9 |
| | Eligibility Criteria | 9 |
| | Recruitment | 9 |
| | Retention | 12 |
| | Demographics | 12 |
| 3 | Data Collection and Study content | 14 |
| | How Were Data Collected? | 14 |
| | When Were Data Collected? | 14 |
| | What Topics, Types of Data, and Variables Were Collected? | 15 |
| | How Were Data Captured? | 16 |
| | How Were Data Processed? | 16 |
| | Summary Measures for Scales | 17 |
| 4 | Data Available for O | 18 |
| | Available Data Sets | 18 |
| | Data Quality and Considerations | 20 |
| 5 | Procedures for Accessing Data and Samples | 21 |
| | Overview | 21 |
| | Overview of How to Register and Request NCS Vanguard Data | 23 |
| | Preparing and Submitting Data and Sample Requests | 23 |
| | Review of Data and Sample Requests | 26 |
| | Research Material Distribution Agreement (RMDA) | 31 |
| 6 | Publication guidelines | 33 |
| | Appropriate Acknowledgement of NCS Data | 33 |
| | Data Publication Guidelines | 33 |
| | Appendix 1: Descriptions of Each Study Phase | 34 |

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com
QQ: 749389476

<https://tutorcs.com>

| | |
|---|----|
| Appendix 2. List of Study Locations, ROCs and Recruitment Strategies | 39 |
| Appendix 3. Four Regional Operation Centers (ROCs), 31 States and 43 Counties | 41 |
| Appendix 4: NCS Vanguard Study Data Collection Activities by Domain and Study Phase | 42 |
| Appendix 5: National Vanguard Data User Agreement | 49 |
| Appendix 6: National Vanguard Data Archive Data Request Form | 51 |
| Appendix 7: National Vanguard Data and Sample Request Form | 56 |
| Appendix 8: NIC Data Distribution Agreement | 67 |
| Appendix 9: Glossary | 73 |
| Appendix 10: Global Clinical Trials | 78 |
| Appendix 11: Sample Characterization Information | 80 |

Listing of Figures

WeChat: cstutorcs

| | |
|--|----|
| Figure 1: Phases of the Vanguard Study | 7 |
| Figure 2: Data Collection Phases of the Vanguard Study | 15 |
| Figure 3: Data Types Available by Vanguard Study Phase, Participants, and Time Covered | 18 |
| Figure 4: Access Requirements for NCS Vanguard Data and Sample Archive and Access System | 22 |
| Figure 5: Workflow for NCS Data and Sample Requests | 28 |

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

1 INTRODUCTION AND OVERVIEW

The National Children's Study (NCS or Study) was conceived to be a nationally representative longitudinal cohort study of 100,000 children from before birth through age 21. The goal of the NCS was to collect information that ultimately would lead to improvements in the health, development, and well-being of children. The primary aim of the NCS was to investigate the effects of environment on children (genetic, biological, physical, and psychosocial) as well as gene-environment interactions on child outcomes, child health and development, and precursors of adult disease.

The NCS as initially planned included two distinct but related studies; the NCS Vanguard (Pilot) Study and the NCS Main Study. The Vanguard Study, which would precede the Main Study, was developed to test study procedures that were being considered for inclusion in the Main Study. The Vanguard Study was launched in January 2009 and ultimately collected data on approximately 6,000 families. In December 2014, the National Institutes of Health (NIH) decided not to launch the Main Study and stopped data collection for the Vanguard Study.

This document is designed to provide a general description of the Study for researchers who wish to use the data collected in the NCS Vanguard Study. Many methods and instruments were developed and tested. The Vanguard Study enrolled nearly 6,000 children and their parents, mostly mothers. The data collected may be used to address a number of research questions. More detailed data user manuals will accompany the release of specific datasets. A glossary of frequently used terms can be found in Appendix I.

The NCS Vanguard Study data and corresponding documentation are available at
<https://ncsarchive.s-3.net>

QQ: 749389476

History of the National Children's Study

<https://tutorcs.com>

In 1999, the President's Task Force on Health Risks and Safety Risks to Children concluded that a large study to understand the association between environmental exposures and children's health was essential. Following the recommendation of the task force, the U.S. Congress passed the Children's Health Act of 2000, which directed the National Institute of Child Health and Human Development (NICHD) to conduct a national longitudinal study of environmental influences on children's health and development. The National Institute of Environmental Health Sciences (NIEHS), the Centers for Disease Control and Prevention (CDC), and the U.S. Environmental Protection Agency (EPA) joined the NICHD in planning what would be called the National Children's Study.

The intent of the NCS was to examine the effects of the environment, broadly defined, in the context of genetic influences by assessing a nationally representative probability sample of approximately 100,000 children from the prenatal or preconception period through 21 years of age. The Vanguard Study was conceived as a pilot that would begin a few years ahead of, and later operate concurrent with, the Main Study.

The purpose of the Vanguard Study was to test study procedures for use in the Main Study. The Vanguard Study was launched in January 2009 in seven locations around the country. Due to

lower than expected accrual, 30 new locations were added to the Vanguard Study in November 2010 to test additional recruitment strategies. In October 2012, three more locations were added to evaluate one more recruitment strategy. The 40 site Vanguard Study sample was not nationally representative.

Over the course of the study, many changes were made to its operations, including changes in recruitment systems. As a result, during the Vanguard Study, recruitment protocols were administered at various time points in the Main Study. Operational changes during the course of the Vanguard



study, many changes were made to its operations, data collection protocols, and information management systems. Information collected from different participants. These changes were purposefully determined which procedures to use in the Main Study. Operational changes during the course of the Vanguard study may affect a subset of the variables being collected from any particular participant.

Efforts to oversee the NCS included a number of reviews, including two reviews by the National Academy of Sciences (NAS). The first review in 2008 addressed the research plan for the Main Study. The purpose of the second review in 2014 was to evaluate proposed revisions to the Main Study design. This second review raised questions regarding the feasibility of the proposed redesign that resulted in the NIH Director appointing a Working Group of the Advisory Committee to the Director (ACDWG) to evaluate the NCS. On December 2, 2014 the ACDWG recommended that the Vanguard Study be discontinued and that the Main Study should not be launched. The NIH Director accepted these recommendations and indicated that the data from the Vanguard Study would be made available for use by interested investigators.

WeChat: cstutorcs Assignment Project Exam Help

Email: tutorcs@163.com

For further information, a PubMed list of publications related to or referencing the NCS is available at: <http://www.ncbi.nlm.nih.gov/pubmed/?term=%22National+Children%27s+Study%22>. These publications include both primary NCS publications based upon centrally collected NCS data, as well as publications derived from a variety of sources which may focus on the NCS or simply reference the NCS. A list of NCS publications will be available at the NCS Archive and through the NCS pages on the NICHD website.

<https://tutorcs.com>

Proposed Sample Design for the Main Study

The original sample design developed for the NCS Main Study was a national, multistage, area probability sample. A primary sampling unit (PSU) was defined as a single county or no more than four geographically contiguous counties. Targeting to recruit 250 births per PSU per year for 4 years, for an overall sample of 100,000 births, the final sample consisted of 110 PSUs.^{1,2}

¹ Montaquila, J.M., Brick, J. M. and Curtin, L.R. (2010) Statistical and practical issues in the design of a national probability sample of births for the Vanguard Study of the National Children's Study. *Statistics in Medicine*, 29(13), 1368-1376.

² Westat. (2002) Sampling strategies for the proposed National Children's Study. Report prepared for the National Institute of Child Health and Development.

Within each sampled PSU, the second stage sampling units (secondary sampling units or SSUs) were area segments consisting of Census Blocks or geographically defined neighborhoods. Area segments were stratified to ensure proportional representation of geographic, demographic, and socioeconomic subpopulations. The final sample of women and their births was to consist of all births to women residing in area segments at the time of birth during a 4-year recruitment period.



Vanguard Study (Pilot)

Phases and Recruitment

The NCS Vanguard Study included four phases: the Initial Vanguard Study, the Alternate Recruitment Substudy, Household-based Recruitment, and Post-Recruitment Follow-up. The first three phases were defined by the recruitment strategy that was employed. The last phase continued data collection for all enrolled participants and did not recruit new participants (see Figure 1). The Study took place in 40 PSUs, also known as study locations, in the United States. A study location generally corresponds to a single county (or, for less populated geographic areas, a group of contiguous counties).

The initial phase of the Vanguard Study, referred to as the **Initial Vanguard Study (IVS)**, was launched in 2009 in seven study locations. In the IVS, participants were recruited through a household-based recruitment strategy in which participant eligibility was defined, in part, by geographic residence. Data collectors canvassed neighborhoods to locate and enroll women who were pregnant or at high risk of becoming pregnant.

Email: tutorcs@163.com

In May 2010, an evaluation of the first year's recruitment progress revealed that the household-based recruitment strategy enrolled fewer participants than had been expected. As a result, in November 2010, the NCS launched the **Alternate Recruitment Substudy (ARS)** as the second phase of the Vanguard Study. The purpose of the ARS was to systematically study the effectiveness of three different recruitment strategies that might prove more efficient than the initial household based strategy. Each of these strategies was tested in 10 study locations, adding 30 more locations to the Vanguard Study. The three strategies were as follows:

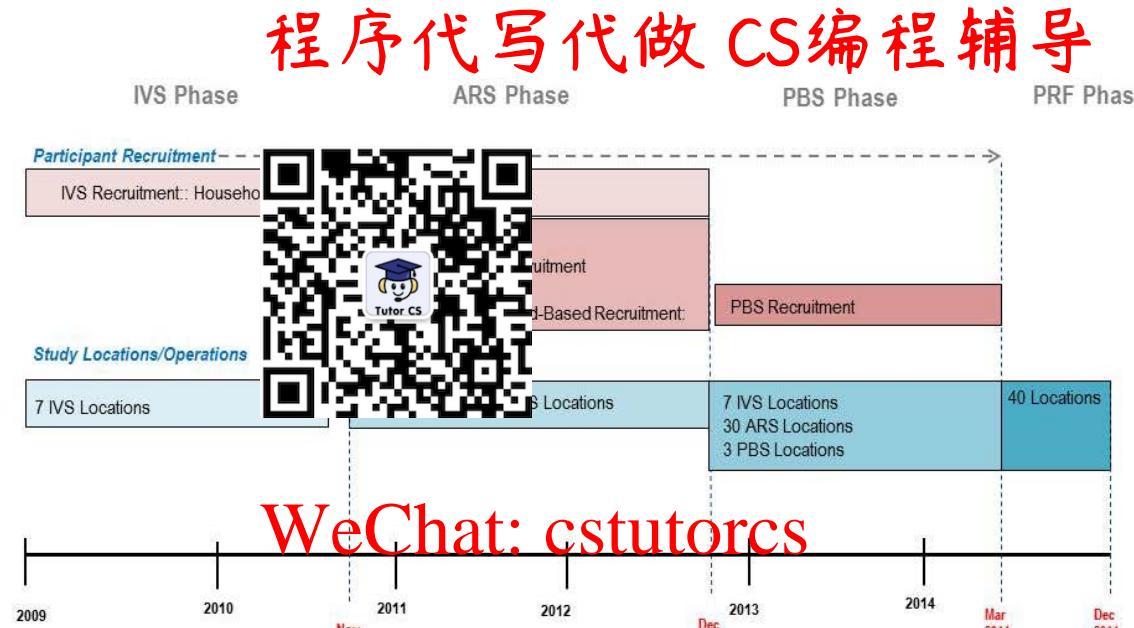
QQ: 749389476
https://tutorcs.com

Provider-Based Recruitment (PBR): Contact with potential participants was made through health care providers such as obstetricians, gynecologists, pediatricians and midwives.

Direct Outreach (DO): Staff at the local/regional study locations used public outreach campaigns to inform communities about the study. Potential participants initiated contact with the study staff if they were interested in joining the study.

Enhanced Household-Based Recruitment (EHBR): As in the IVS, recruitment continued through household based sampling; however, additional enhancements such as increased community and provider outreach were added so that household members had an increased chance of being aware of the study when they were approached.

Figure 1: Phases of the Vanguard Study



Key:

IVS = Initial Vanguard Study; **ARS** = Alternate Recruitment Substudy; **PBS** = Provider Based Sampling; **PRF** = Post-Recruitment Follow-Up

Assignment Project Exam Help

Email: tutorcs@163.com

Overall, the Provider-Based Recruitment strategy proved most efficient. The NCS halted recruitment of women under the three ARS strategies in February 2012 (thus enrollment of newborns ended in December 2012) and launched another substudy in June 2012 called the **Provider-Based Sampling (PBS) Substudy**. The PBS Substudy improved upon the PBR recruitment strategy and enhanced it with a refined sampling strategy.

For a more detailed description of each study phase, please see Appendix 1.

<https://tutorcs.com>

Upon completion of newborn accrual in March, 2014, the Vanguard Study continued to follow-up the 40 study locations with all enrolled participants who were eligible for a Study Visit. This phase was known as the **Post Recruitment Follow-Up (PRF)** and ended in December 2014 when the Study was stopped.

Sampling Modification

For the Vanguard Study, study locations were all selected from the pool of 110 originally sampled PSUs. There was variability in how SSUs were defined and selected across different recruitment strategies. IVS and the three ARS strategies all used the originally planned, geography-based design. A minor modification was implemented in DO in that additional SSUs were opened up for recruitment of women for participation in less intense data collection. PBS used a multilevel probability sampling approach in which the SSUs were replaced by samples of prenatal provider locations and a convenience sample of birth hospitals. Within each provider and hospital sample, a probabilistic sampling approach was employed to select participants. Table 1 provides a comparison of the three different levels of sampling units by recruitment strategy.

Table 1: Comparison of Sampling Frame Characteristics by Recruitment Strategy

程序代写代做 CS 编程辅导

| Recruitment Strategy | Number of PSUs | Primary Sampling | Secondary Sampling Unit | Tertiary Sampling Unit |
|--------------------------------------|----------------|------------------|---|---|
| Initial Vanguard Study | 37 | Cities | Census Blocks or neighborhoods | NA |
| Provider-Based Recruitment | 37 | Cities | Census Blocks or neighborhoods | NA |
| Enhanced Household Based Recruitment | 37 | Cities | Census Blocks or neighborhoods | NA |
| Direct Outreach | 10 | Counties | Areas adjacent to sampled segments | Census Blocks or neighborhoods |
| Provider Based Sampling | ³ | Counties | Prenatal Care providers or birthing hospitals | Patients seen at sampled providers (SSUs) |

Assignment Project Exam Help

Where Was the Study Conducted?

Study operations (recruitment, data collection, etc.) in the 40 Vanguard Study locations were initially managed by 37 universities who were under contract to the NCS; the NCS referred to these as Study Centers. Some Study Centers managed operations in multiple study locations. In 2012, in an effort to streamline operations, management of the 40 locations was transferred to four Regional Operations Centers (ROCs). Each ROC managed data collection and study logistics for 10 locations in one of four regions in the US.

QQ: 749389476

Distribution of the 40 locations across the four regions and recruitment strategies is listed in Appendix 2.

<https://tutorcs.com>

2 STUDY POPULATION

程序代写代做 CS编程辅导

Eligibility Criteria

The NCS Vanguard Study also enrolled fat
during preconception and pregnancy. The Vanguard
and later, diverse types of parental partners for the
children enrolled in the study were enrolled at birth.

The Vanguard Study enrolled women who met the following inclusion criteria:

- Non-pregnant women aged 18 to 39 years of age with a probability of becoming pregnant
- Pregnant women at or above the local age of majority³
- Children born to enrolled women
- Biological and social fathers or parental partners as identified by enrolled women
- Adult guardians who had legal responsibility to authorize needed care for enrolled children
- Adults who were primary caregivers of enrolled children

The Vanguard Study had the following exclusion criteria:

- Women self-reported to be infertile
- Adults who were unable to grant informed consent
- Prisoners as defined in 45 CFR § 46.303(c)

Participants included English and non-English speaking participants. Births included singleton, multiple births, and sibling, born during the recruitment period. All participants completed IRB approved consent forms.

Recruitment

<https://tutorcs.com>

Each recruitment strategy tested during the Vanguard Study differed with regard to the number of women contacted compared to the number enrolled. Overall, the Provider-Based Recruitment strategy proved most efficient with about three women contacted for each woman enrolled and the highest proportion of women who were enrolled during pregnancy (Table 2).

³ During the Initial Vanguard Study only: pregnant women aged younger than 18, residing in a selected IVS geographic segment at the time of enrollment, who were considered to be emancipated minors per the laws of their jurisdictions or minor pregnant women who obtained parental consent for participation

Table 2: NCS Vanguard Study Recruitment Summary

| | Initial Household | Enhanced Household | Direct Outreach | Provider Based | Provider Based Sampling | Totals |
|---|---|---------------------|---------------------|---------------------|-------------------------|---------------|
| Recruitment period (ending with last baby enrolled) |  | Nov 2010 - Dec 2012 | Nov 2010 - Dec 2012 | Nov 2010 - Dec 2012 | Dec 2012 – Mar 2014 | |
| Number of locations | 30 | 10 | 10 | 10 | 3 | 40 |
| Women identified for contact | 35,726 | 27,840 | 19,347 | 3,717 | 3,256 | 89,886 |
| Completed Pregnancy Screener | 30,960 | 21,399 | 17,194 | 2,998 | 1,453 | 74,004 |
| Women eligible for enrollment | 3,164 | 2,482 | 2,781 | 1,470 | 1,268 | 11,165 |
| Women Enrolled* | 1,906 | 1,647 | 1,256 | 1,172 | 850 | 7,921 |
| Enrolled mothers | 1,297 | 1,022 | 1,370 | 998 | 733 | 4,420 |
| New born children Enrolled | 1,409 | 1,039 | 1,395 | 1,021 | 744 | 5,608 |
| Fathers enrolled | 722 | 711 | 132 | 71 | 13 | 1,009 |

* The Initial Vanguard Study and Alternate Recruitment Strategies enrolled both women who were pregnant or trying to become pregnant, whereas the Provider Based Sampling substudy enrolled only pregnant women.

QQ: 749389476

All recruitment strategies except for Provider Based Sampling allowed for women to be enrolled at pre-conception. In general, the provider based methods (Provider Based Recruitment and Provider Based Sampling) tended to recruit women at later stages of pregnancy than the other enumeration and follow up strategies. The distribution of women by stage of pregnancy at consent is described in Table 3 below.

Table 3: Distribution of enrolled women by entry point to the study and percent who remained non-pregnant by end of recruitment

| Study Entry Point | Initi Vang |  | Direct Outreach | Provider Based Recruitment | Provider Based Sampling |
|--|---------------|---|-----------------|----------------------------|-------------------------|
| Pre-conception | 4 | | 49% | 10% | NA |
| Pregnant | 5 | | 51% | 88% | 62% |
| At birth | | | <1% | <1% | 38% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Percent of enrolled women who remained non-pregnant by the end of recruitment period and thus became dis-enrolled from the study | | | | | |
| | 15% | 27% | 31% | 8% | NA |

In the ARS, the distribution of women's entry point to the study varied by recruitment strategy. Close to 90% of women joined the study during their pregnancy in the provider-based (PB) recruitment strategy while the percentages are much lower, about 50% for both Enhanced Household (EH) and Direct Outreach (DO) strategies. Close to 50% women enrolled pre-conception for these household-based and volunteer-based recruitment strategies as compared to the 10% for the Provider Based recruitment strategy. The last row of Table 3 displays the percent of enrolled women who remained non-pregnant when the recruitment period ended in February 2012. Perhaps because the JVS had a longer follow-up time period than the other strategies, fewer women (15%) remained non-pregnant than in the EH or DO (27% and 31%, respectively).

<https://tutorcs.com>

Retention

Of 6,229 total pregnant enrolled women, 5,420 (87%) remained in the study at the delivery of their babies (Table 4). Of these mothers who remained enrolled, 4,831 (89%) were further retained by the time the Vanguard Study ended in December 2014. Thus the Vanguard Study had an overall retention rate of 78% from recruitment up to the time the Study closed, with 1 to 6 years of follow-up dependent on recruitment. Among the enrolled mothers, an overall withdrawal rate was 5%. 263 (5%) were lost to follow-up (participants who moved between contact attempts and could not be reached). Baby retention parallels mother's retention.

Table 4: NCS Vanguard Study on the Final Status of Women

| Participants | IVS | | ARS | | | | PBS | | Vanguard Study Total | |
|-------------------------|-----------------|-----|--------------------|-----------------|----------------|-----|-------|-----|----------------------|-------|
| | Household Based | | Enhanced Household | Direct Outreach | Provider-Based | PBS | | | | |
| | n | % | n | % | n | % | n | % | n | % |
| Enrolled pregnant women | 1,592 | | 1,162 | | 1,556 | | 1,069 | | 850 | 6,229 |
| Enrolled mothers | 1,297 | | 1,012 | | 1,370 | | 998 | | 734 | 5,420 |
| Final Status | | | | | | | | | | 87% |
| Retained | 1,113 | 86% | 908 | 89% | 1,293 | 94% | 841 | 84% | 676 | 92% |
| Withdrawn | 83 | 6% | 28 | 4% | 37 | 3% | 81 | 8% | 24 | 3% |
| Lost to Follow-up | 40 | 3% | 71 | 7% | 35 | 3% | 73 | 7% | 31 | 4% |
| Other | 61 | 5% | 5 | 0% | 5 | 0% | 3 | 0% | 3 | 0% |
| | | | | | | | | | | |
| | | | | | | | | | | |

Demographics

The different recruitment strategies were not designed to recruit a particular demographic, and because of the different demographics of their locations, they each enrolled a slightly different demographic distribution of women. For example, provider based recruitment enrolled higher numbers of young, unmarried women with less education than the other recruitment strategies, making it more representative of the national population. Table 5 below describes the population of enrolled mothers in the NCS Vanguard Study.

Table 5: Distribution of NCS Mothers by Race, Age and Education for each of the recruitment strategies: Initial Vanguard Study(NCS), Enhanced Household (EH), Direct Outreach (DO), Provider Based Recruitment (PBR) and Provider Based Sampling (PBS)

| NCS Mother's characteristics at child's birth | Recruitment Strategy for PSU | | | | | | | | | | Total | | | |
|---|------------------------------|-----|------|-----|------|-----|-----|-----|------|-----|-------|----|--|--|
| | | | DO | | PBR | | PBS | | | | | | | |
| | N | % | N | % | N | % | N | % | N | % | | | | |
| Total | 100 | 100 | 1370 | 100 | 998 | 100 | 733 | 100 | 5420 | 100 | | | | |
| Race/Ethnicity | | | | | | | | | | | | | | |
| Unknown | 12 | 12 | 2 | 14 | 8 | 48 | | | | | | | | |
| Hispanic | 176 | 14 | 256 | 25 | 97 | 7 | 145 | 15 | 295 | 40 | 969 | 18 | | |
| Non-Hispanic White | 790 | 61 | 580 | 57 | 1045 | 76 | 566 | 57 | 253 | 35 | 3234 | 60 | | |
| Non-Hispanic Black | 66 | 5 | 109 | 11 | 150 | 11 | 215 | 22 | 103 | 14 | 638 | 12 | | |
| Non-Hispanic Other | 258 | 20 | 65 | 6 | 76 | 6 | 58 | 6 | 74 | 10 | 531 | 10 | | |
| Age | | | | | | | | | | | | | | |
| Unknown | 0 | 1 | 2 | 13 | 0 | 16 | | | | | | | | |
| Under 25 years old | 236 | 18 | 185 | 20 | 233 | 17 | 307 | 31 | 110 | 14 | 1171 | 4 | | |
| 25-34 years old | 812 | 63 | 578 | 57 | 902 | 66 | 514 | 52 | 414 | 56 | 3220 | 60 | | |
| 35 or older | 249 | 19 | 158 | 15 | 233 | 17 | 164 | 17 | 109 | 15 | 913 | 17 | | |
| Education | | | | | | | | | | | | | | |
| Unknown | 76 | 6 | 7 | 13 | 4 | 93 | | | | | | | | |
| Less than High school | 212 | 17 | 163 | 16 | 76 | 6 | 215 | 22 | 143 | 20 | 809 | 15 | | |
| High school/Some college | 679 | 56 | 551 | 54 | 412 | 33 | 501 | 50 | 391 | 53 | 2595 | 49 | | |
| College or higher | 330 | 27 | 301 | 30 | 815 | 60 | 279 | 28 | 198 | 27 | 1923 | 36 | | |
| Marital Status | | | | | | | | | | | | | | |
| Unknown | 44 | 6 | 7 | 6 | 0 | 63 | | | | | | | | |
| Married | 387 | 79 | 620 | 61 | 117 | 82 | 318 | 52 | 329 | 45 | 3571 | 67 | | |
| Not married | 266 | 21 | 396 | 39 | 246 | 18 | 474 | 48 | 404 | 55 | 1786 | 33 | | |

3 DATA COLLECTION AND STUDY CONTENT

程序代写代做 CS编程辅导

How Were Data Collected?

The NCS Vanguard Study collected a wide array of participant data, including basic information on health status, child behavior, and environmental exposures (including social and familial context, physical environment, and chemical exposures). Biospecimens were also collected from a subset of mothers, fathers, and children. In general, the following types of data were collected:

- Questionnaire/interviewing in person (CAPI, computer-assisted personal interviewing), computer-assisted telephone interviewing) and self-administered questionnaires (SAQ)
- Direct assessments (e.g., physical measures such as height and weight, blood pressure, circumferences and skinfold thickness)
- Environmental samples, e.g., air, water, and dust from participants homes
- Biospecimens, e.g., blood, urine, saliva
- Operational data e.g., recruitment strategy, geographic data

Importantly, because the Vanguard Study was conducted to test the utility of various recruitment strategies and data collection methodologies, not all participants were asked to provide all assessments. Accordingly, not all possible data and specimens are available for a given participant.

**Assignment Project Exam Help
Email: tutorcs@163.com**

When Were Data Collected?

The different phases of the Vanguard Study corresponded to different plans for study visit assessments. The IVS began with a uniform study visit schedule and all enrolled participants underwent the same set of study assessments. When the ARS began, the study protocol changed initially to one of minimal data collection. During this time, fewer assessments were administered and there was a pause in collection of biospecimens and environmental samples. As the ARS proceeded, additional study visit assessments and biospecimen and environmental sample collections were introduced in some locations (or, in the case of the IVS locations, re-introduced). Once recruitment ended, all enrolled participants were followed with a more comprehensive data collection protocol, the Post Recruitment Follow-up (PRF) Phase. Figure 2 displays the two main data collection protocols, referred to as IVS protocol and ARS protocol, as they related to the Vanguard Study phases.

QQ: 749389476

https://tutorcs.com

Figure 2: Data Collection Phases of the Vanguard Study



Key:

IVS = Initial Vanguard Study; **ARS** = Alternate Recruitment Substudy; **PBS** = Provider-Based Sampling; **PRF** = Post Recruitment Follow-up

QQ: 749389476

What Topics, Types of Data, and Variables Were Collected?

<https://tutorcs.com>

The initial purpose of the Vanguard Study was to test the protocol and eventually to become part of the Main Study. As such, the data collection protocol for the IVS was extensive, covering all content areas comprehensively. With the addition of 33 more locations during the ARS and PBS, the Vanguard Study objective changed to become a test bed for Main Study design and enrollees would not be part of the Main Study's sample, so data collection shifted to a minimal approach covering selected content areas, with later introduction of expanded data collection in some locations. During the Post Recruitment Follow-up period, data collection expanded once again for later visits for all participants in all locations.

A brief description of the kinds of data collected is below. A complete list of the study visit assessments and corresponding visit schedules is provided in Appendix 4 Close to 60 interview instruments and 80 additional data collection forms were used to collect participant data. Procedures used for collection of data and samples are detailed in the NCS Manuals of Procedures (MOPs) and Standard Operating Procedures (SOPs), which can be requested on the Registered Website area of the [NCS Archive](#).

Questionnaire Data: Participants completed phone and in-person interviews as well as self-administered questionnaires (SAQs) on a variety of topics, including but not limited to

reproductive and pregnancy history, medical conditions and history, health behaviors, mental health, occupation, hobbies, environmental exposures, and social support.

程序代写代做 CS 编程辅导

Neuro-psychosocial and Cognitive Assessments: Multiple neuro-psychosocial assessments were administered to both children and caregivers. These included direct and indirect measures to assess maternal mental processing, child social and emotional development, and cognitive construction. Children were also screened for developmental delay. Proprietary instruments are indicated as such in the text.



Physical Measures and Anthropometry: Physical assessments were conducted on children, mothers and fathers. A trained data collector performed basic anthropometric measures (such as weight, height, ulnar length, circumferences of the head, mid-upper arm, waist, and thigh, triceps and subscapular skinfold thickness, blood pressure, visual acuity, and assessment of motor skills).

Biospecimens: Biological samples were either self-collected by participants or collected by NCS staff in the home, clinic, and birth settings. Samples collected included placenta, blood (from venipuncture, umbilical cord, and/or heelprick), meconium, vaginal swab, urine, saliva, hair, nails, and breast milk. Data collectors and field staff transported, processed, and shipped samples to a central repository.

WeChat: cstutorcs Assignment Project Exam Help

Environmental Samples: Environmental samples were collected during in-home visits and included dust, air, and water. Study staff also performed observations of the internal and external structure of participant residences. Field staff shipped samples to a central repository.

How Were Data Captured? QQ: 749389476

Throughout the course of the Vanguard Study, data were captured and stored in different ways. IVS data collection began using a centralized electronic case management and data capture system. As the Study progressed to the ARS protocol, the centralized model was replaced with a decentralized model where many different information management systems were tested, with variable success in capturing the data. After testing and evaluating these systems, the NCS chose four systems to evaluate for data capture, subsequently reduced to three. Each ROC was assigned one of these systems. During some periods data were captured on paper before entry into one of the three systems.

How Were Data Processed?

Each data file has a detailed processing document accompanying it in the Researcher Portal of the NCS Archive. Most of the processing was in the form of linking and assembly of data sets that may have multiple sources or instruments. All files have been reassigned with unique participant identifiers that reduce the possibility of duplication of records, and increase the ability to link files.

Automated data edits in the computer assisted interviewing software (CAI) were minimal. Except for critical data items, no systematic attempts were made to collect missing or inconsistent responses. Therefore there may be longitudinal or other inconsistencies in the data as presented.

A limited amount of quality assurance was performed locally and centrally for critical data items. For variables with data acts, flags were created to preserve original response. Recoded data or derived data elements are indicated as such in the variable label. No imputation was performed. Detailed data processing and coding information is available in the Researcher Portal area of the [NCS Archive](#).

Summary Measures

A number of proprietary instruments were used to assess cognitive function and development. Summary scores are provided by the instrument authors. Due to the copyright requirement, instrument data files contain only the summary scores and not individual item responses.



Administered to collect information on cognitive data from these instruments were processed to compute scores provided by the instrument authors. Due to the copyright requirement, instrument data files contain only the summary scores and not individual item responses.

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

4 DATA AVAILABLE FOR USE

程序代写代做 CS编程辅导

Available Data Sets

The data collected in the NCS Vanguard Study from the initial recruitment efforts up to the 42-month visit has been reorganized for use in the NCS Archive. Information on accessing the data is provided in Section 5. Figure 3 describes major types of data available by Vanguard Study phase and the time period covered by the data. Data collected from participants in the IVS and PBS substudies are available. Data files that serve as master files that correspond to individual participants and critical data items on all enrolled participants are available. Data files that correspond to the biologic and environmental samples are available. Data files that correspond to fathers, mothers, and children. A participant linkage data file allows linkage between the mother and child, and alternate caregiver to the child.



WeChat: cstutorcs

Figure 3: Data Types Available by Vanguard Study Phase, Participants, and Time Covered

Data Types Available in the NCS Archive by Vanguard Study Phase, Participants, and Time Covered



| Participants covered | Time period of data coverage | | | | | | | | |
|--------------------------------|--|-----------------|---|------|------|---|------|--|--|
| | 009 | Jan - Sept 2010 | Oct - Dec 2010 | 2011 | 2012 | 2013 | 2014 | | |
| IVS participants | IVS Operational data | | | | | | | | |
| | IVS Interview data | | | | | | | | |
| | IVS self-administered questionnaire data | | | | | | | | |
| | Biospecimen & environmental sample collection forms data | | | | | | | | |
| | Physical Measures data | | | | | | | | |
| | Recruitment & Enrollment data (covers participants who were enrolled after September 2010) | | | | | | | | |
| ARS participants | | | ARS Recruitment ARS Retention | | | | | | |
| PBS providers and participants | | | | | | PBS Provider PBS Sample Frame PBS Recruitment | | | |
| All VS participants | | | ARS interview data (also covers IVS and PBS participants) ARS self-administered questionnaire data & proprietary data collection instrument data ARS data collector observations and measurements | | | | | | |
| | | | VS Fathers | | | | | | |
| | | | VS Child Study Visit | | | | | | |
| | | | VS Participant Linkage File | | | | | | |
| | | | VS Participant Demographics | | | | | | |
| | | | VS biospecimen and environmental samples (from Sample Repository) | | | | | | |

Key: VS=Vanguard Study; IVS=Initial Vanguard; ARS Alternate Recruitment Substudy; PBS=Provider Based Sampling

For the data release in July 2017, the following data files are available in the Researcher Portal:

Table 6a: Number of IVS Data Files by Data Collection Type and Participant Type

| Data Collection Category | Woman | Child | Father | Other | Total |
|-------------------------------|-----------|-----------|----------|-----------|-----------|
| Prenatal Interview* | 6 | | 1 | | 7 |
| Postnatal Interview* | 3 | 3 | | | 6 |
| Physical Measures | 1 | 1 | 1 | | 3 |
| Fetal and Neonatal Assessme | 3 | 1 | | | 4 |
| Self-Administered Questionnai | 8 | 5 | 1 | 1 | 15 |
| Biospecimen Collection form | 5 | 7 | 2 | | 14 |
| Environmental Sample forms | | | | 14 | 14 |
| Master Operational Dataset | 1 | 1 | 1 | | 3 |
| Special Analysis Datasets | 1 | | 1 | | 2 |
| Total | 28 | 18 | 7 | 15 | 68 |

WeChat: cstutorcs

Table 6b: Number of ARS Data Files by Data Collection Type and Participant Type

| Data Collection Category | Woman | Child | Father | Other | Total |
|---|-------|-------|--------|-------|-----------|
| Screening interview | 3 | | | | 3 |
| Prenatal Interview* | 5 | | 1 | | 6 |
| Postnatal Interview* (up to 42 month visit) | 8 | 10 | | | 18 |
| Psychosocial and Cognitive Assessments | | | | | 8 |
| Physical Measures | | 1 | | | 1 |
| Self-Administered Questionnaires | 3 | | | | 3 |
| Master Operational Dataset | 2 | 1 | 1 | 2 | 6 |
| Demographic Dataset** | | | | | 1 |
| Biospecimen Lab Results Dataset** | | 4 | | | 4 |
| Environmental Lab Results Dataset** | | 11 | | | 11 |
| Total | | | | | 61 |

*Interview specific to each study visit

**Dataset spans over all data collection phases including IVS, ARS, and PBS

Note: The above data files are created at the participant level with the exception of the sample dataset. Additional data files from "interviews" exist that are constructed at the event or entity level when reported in a repeating and detailed manner.

The above data files with detailed participant level data are available to approved researchers. Operational Data files constructed separately for mother, father, and child are available as downloadable files to all registered users. These data files describe participation information for mothers, fathers, and children in various data collection events in order to support the computation of completion and response rates of the visit and each component. The data files will help researchers determine the sample sizes available at various study visit events and data collection activities.

Data Quality and Considerations

程序代写代做CS编程辅导
Since the Vanguard Study was intended to be a platform for testing the feasibility and acceptability of different recruitment strategies and data collection methodologies, it should be thought of as a collection of sub-studies rather than one uniform data collection effort. Multiple transitions during recruitment strategies and instrument versioning, have resulted in data complexity and completeness.

Due to the pilot nature of the study, there are multiple reasons for missing data, beyond what is normally expected in a longitudinal study database.

These include:

- Changes in the study protocol as a result of the evolving nature of the NCS pilot, resulting in non-uniform data for all participants.
- Some participants completed study visits by phone instead of in-person visits. Therefore, biospecimens, environmental samples, and physical measures were not collected at these visits.
- Not all participants were asked to provide all assessments. Accordingly, not all possible data and specimens are available for a given participant.
- Differences in data information management systems led to variability in data capture, transmission and consistency.
- Within the ARS phase of the Study, different study locations collected different amounts of data. Some locations collected more information. Approximately 22 locations collected expanded data and 18 locations collected minimal data. As part of the expanded protocol, biospecimens, physical measures and environmental samples were collected.

Major points to consider when using the Vanguard Study Data include:

<https://tutorcs.com>

- No sample weights are available since the Vanguard Study sample was not representative of the general population.
- Contradictions in the data may occur in responses given by respondents at different visits on data items expected to be static over time.

5 PROCEDURES FOR ACCESSING DATA AND SAMPLES

程序代写代做 CS编程辅导

Overview

The NCS Vanguard Data and Access System or “NCS Archive” comprises three components:

- NCS website
- A Registered Website
- A secure Researcher Portal



At the public website, potential data users can review limited Study information. Users may register to obtain additional Study information, download available data files, and submit proposals to request access to more study data and stored materials.

WeChat: cstutorcs

Figure 4 “Access Requirements for NCS Vanguard Data and Sample Archive and Access System” illustrates the type of resources available and the procedures needed to gain access to them at the three different levels of the NCS Archive (Public Website, Registered Website, and Researcher Portal).

All data requests will be reviewed by a NICHD Data Access Committee to determine that the proposed research use is scientifically and ethically appropriate and consistent with the informed consent. Criteria for sample request approval include sample availability and technical suitability with demonstration of adequate funding, facilities, and expertise to perform the proposed research. Descriptions of approved proposals are viewable by registered website users.

Email: tutors@163.com

If a request is approved, the researcher will be given access to a secure virtual workstation in the Researcher Portal and support will be provided by the Archive to make available the requested data. The NCS Archive staff can help bring in laboratory result data or extant data as needed. The researcher will be able to work with NCS data in the secure environment using provided statistical software (SAS and R). Once the analysis is complete and prior to release of any information from the Researcher Portal, a data reviewer will help assure that any information to be transferred from the Researcher Portal to the researcher meets disclosure standards. More information on the disclosure standards is provided in Section 6 of the NCS Study Description and Guide.

There is no cost to researchers to use the NCS Archive data. Handling and shipping costs may apply for biological or environmental sample requests.

NCS Pages on NICHD website Registered Website and Secure Portal sections of NCS
Archive

程序代写代做 CS编程辅导

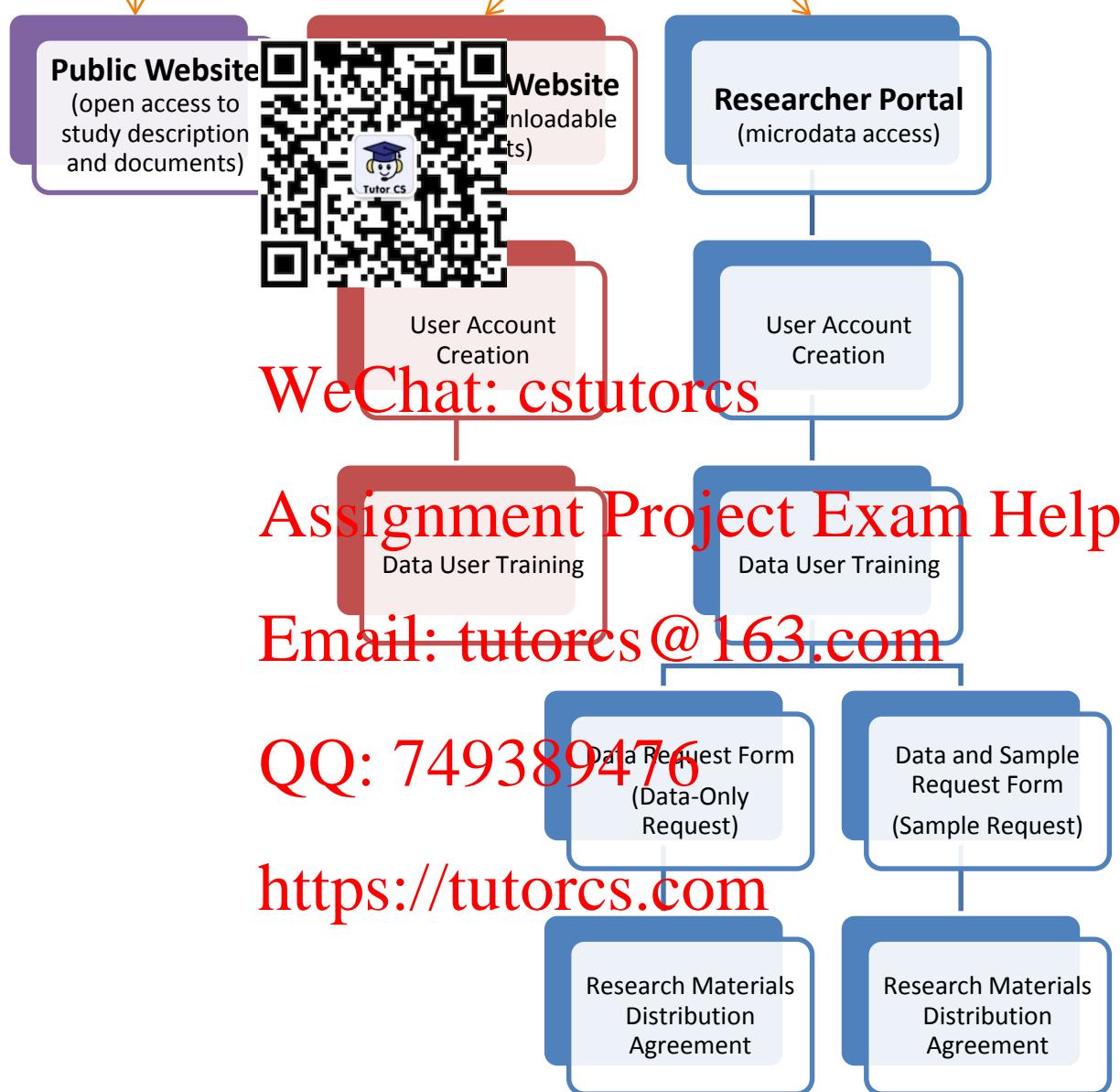


Figure 4: Access Requirements for NCS Vanguard Data and Sample Archive and Access System

Access to the public website does not require any information from the user. To access the downloadable files and other information on the Registered Website, a user must create a user account and complete data user training. To gain access to microdata via the Researcher Portal, the user must create an account and complete data user training at the Registered Website, and then complete the Data Request form and Research Materials Distribution Agreement found there. Sample requests must follow a similar process, starting with a user account, Data User Training, and completion of a Data and Sample Request form and Research Materials Distribution Agreement.

程序代写代做 CS 编程辅导

1. Go to the Research Plan Requests page (NCSArchive.s-3.net) and

- Create a Research Plan Request
- Complete the Research Plan Request
- Accept the Research Plan Request



2. Develop a research plan using the *Archive tools*:

- Downloadable Operational Datasets
- Protocol Browser
- Variable Locator
- Instrument and Dataset Inventory
- Participant Explorer
- Sample Explorer

WeChat: cstutorcs

Assignment Project Exam Help

3. Complete and submit a *Data Request for a Data and Sample Request* form which includes:

- Title of Research Plan
- Requesting investigator information
- Investigator's institution information
- Request Details, including a Research Plan (rationale, main hypothesis, and proposed research aims)

QQ: 749389476

<https://tutorcs.com>

4. Complete the NCS [Data User Training](#)

5. Receive notification of approval or disapproval of the request at the email address specified in the request

Preparing and Submitting Data and Sample Requests

This section provides a detailed description of the process by which to request data and samples from the NCS Archive.

Researchers may submit requests for data alone (“data-only requests”) or submit requests for both data and biological and/or environmental samples (“sample requests”).

Data and samples are provided free of charge to qualified investigators, with the exception of the cost of sample selection and sample shipment from the repository. Samples are not provided unless funds are available to perform the research.

Requests are made through the NCS Archive at <https://NCSArchive.s-3.net>.

STEP 1 – REGISTER

The researcher may use available datasets and Instrument and Database tab. Sample inventory portion of the NCS Archive to research the archive's Protocol Browser, Variable Locator, Participant Explorer tools found in the "Research Tools" tab. Sample inventory table under the Sample Inventory tab and using the Sample Explorer tool. To initiate a request, use the "Submit Data Request" function under the "Research Requests" tab. Assistance is available under the "Help" tab, where there is also a "Contact Us" function. The researcher must be logged in as a registered user to submit a request. Users who experience difficulty with Archive navigation or functions may request help by email at <mailto:NCSArchive.s-3.net>.



STEP 2 – PREPARE AND SUBMIT REQUEST

Assignment Project Exam Help

Data-only requests must use the NCS Vanguard Data Request Form found at the "Submit Data Request" function under the "Research Requests" tab. Submission and review for data-only requests is straight-forward. Note that a "Save for Later" function button at the bottom of the form allows it to be completed over more than one session prior to its actual submission. A PDF version of the form is available if needed. See the [accessibility page](#) if assistance is needed to access PDF files.

Email: tutors@163.com

QQ: 749389476

The researcher is prompted to supply

- A descriptive identifier for the proposed project
- Information about the requesting investigator
- Information about the investigator's institution
- Data security plans
- Information on other approved users for whom access is requested
- Research plan
- Subject characteristics
- Scientific background and rationale
- Documentation of IRB review and approval or waiver for the proposed research
- Documentation of funding availability

<https://tutors.com>

Other relevant materials (investigator CV or biosketch, letters of support, etc.) may also be attached to the request.

The requestor is encouraged to submit the research study plan, investigator information, funding status information, and documentation of IRB review or waiver as early in the request process as possible.

Submitted requests will be screened by NCS Archive staff, who may request additional information or clarification. After initial screening, data-only requests will be placed in a queue for review by the NICHD. NCS Archive staff will notify the requestor of the review outcome. For approved requests, a Research Materials Distribution Agreement (RMDA) will be generated for investigator and institution. Once the researcher uploads the signed RMDA, NCS Archive staff will arrange to obtain secure Researcher Portal access to the NCS data requested (and in requested samples).



Sample requests require the researcher to complete the Children's Study Vanguard Data and Sample Request Form. Applicants must request material for non-profit research purposes only. Samples are provided initially blinded to their participant linkage. Researchers must provide back to the NCS Archive the results of their laboratory analyses of the samples in order to receive the linkage key.

WeChat: cstutorcs

In addition to the same information required for data-only requests, the researcher is asked to provide the following additional information for sample requests:

Assignment Project Exam Help

- Shipping account information
- Laboratory contact information
- Number and type of samples requested
- Minimum and optimum volume or mass
- Additional requirements such as anticoagulant type, additives, preservatives, etc.
- Analytes or parameters to be tested
- Type of assays/platforms to be used
- Sample size and power
- Covariates

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

The NCS Archive staff will conduct a preliminary search for suitable samples based upon the information provided in the request. Researchers should be as specific as possible in describing their sample selection criteria. Abbreviations and acronyms in sample specifications should be avoided. Discussions between the researcher and NCS Archive and/or NICHD staff may be necessary to determine how best to fulfill sample requests.

Manuals of procedures and details regarding NCS Vanguard data and sample collection, transport, processing, and storage procedures are available to registered users in through the “Procedures” section under the “Data and Documentation” tab of the registered website portion of the NCS Archive. Efforts to assure data and sample quality were ongoing throughout the NCS Vanguard pilot and the NCS Archive development. NCS Archive staff and NICHD staff have special knowledge of sample characteristics and historical information about NCS repository samples, and can apply that knowledge to help best fulfill the investigator’s request.

Requests that are inactive for 12 months will be automatically closed.

STEP 3 – FINALIZE REQUEST

程序代写代做 CS 编程辅导

For data-only requests, the request is finalized when all required documentation is submitted for NICHD review.

For sample requests, if the application successfully identifies sufficient numbers and types of potential samples, the samples may be temporarily reserved while the request is reviewed to determine its impact on the repository.

Applicants who need to reserve samples in their application for their proposal may request samples to be reserved for up to 12 months. The decision to reserve samples will be made after the funding decision is obtained, whichever comes first. The decision to reserve samples will take into account the impact of the request on the repository inventory and in the case of scarce samples may prompt additional expedited NICHD review. It is the applicant's responsibility to provide the NCS Archive with any updates to their project's funding status during the reservation period. If no update is received within 12 months, the request will be closed and the reservation cancelled.

WeChat: cstutorcs

Review of Data and Sample Requests

Assignment Project Exam Help

An overview of the request submission and review process is shown in the [Workflow for NCS Data and Sample Requests](#) figure.

Email: tutorcs@163.com

There are two options for review:

1. For requests with existing funding, the NCS Archive coordinates the scientific review of the proposed research plan. This approach is used in the case of data-only requests and for sample requests when the applicant has existing funding to perform the proposed research.
2. For requests seeking funding, a funding group performs the scientific review of the proposed research plan. This approach is used when the researcher needs to submit an application to fund the proposed project. Documentation of the funder's scientific review is required when funding is obtained.

For either option:

- Investigators must have funding and adequate facilities and expertise to perform the proposed research.
- Requests for samples will undergo rigorous review. In some cases pilot testing may be required.
- Adequate justification will be required for use of scarce samples; samples associated with active cohorts; requests for substantial proportions of a remaining sample type; final aliquots or stock DNA/RNA vials; and matched sample sets (mother-infant pairs, serial samples, environmental-biological sample pairs, etc.). As part of the review process, alternative recommendations will be made if another sample type may be appropriate for the proposed research.

- Evidence of sufficient validation of any proposed assays may be required. In the case of proposed assay validation studies, a pilot study using a subset of the requested samples may be required.

Regardless of which review approach is taken, the review must include:

- Consideration of all relevant safety and quality issues, including whether the proposed research is consistent with informed consent and compliant with applicable regulations for human subjects, and protection of personal information and privacy protection
- Availability and feasibility of any samples requested for the proposed research
- Significance and relevance of the proposed research
- Design of the proposed research
- Qualifications of investigator(s) to do the research

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>



Figure 5: Workflow for NCS Data and Sample Requests

In the figure above, “IRB” denotes “Institutional Review Board”, “RMDA” denotes “Research Material Distribution Agreement”, investigator actions are indicated by figures in purple, and the wave symbol indicates internal review.

程序代写与代做CS编程辅导

Initial Review

NCS Archive staff and appropriateness of the requested is initiated since it is consistent with the NCS data or sample type is requested.



view ethical and regulatory considerations and the availability of requested samples. A search for any samples in the research plan is reviewed to determine whether it is consistent with the NCS data or sample type is requested. Investigators are notified immediately if the requested processing of the request is not acceptable, and further

If potentially suitable samples are identified in response to a sample request, their availability and the potential impact on the repository inventory is reviewed by NCS Archive staff, and a technical review is conducted by NICHD staff to determine if the selected samples (including volume, concentration, etc.) are suitable for the proposed research.

If a sample search identifies samples that are acceptable to the requestor, the NCS Archive staff creates an availability report which incorporates information regarding existing numbers of aliquots and sample volumes. The availability report is used to determine the potential impact that fulfillment of the request may have on the NCS repository inventory.

Email: tutorcs@163.com

Scientific Review - Requests with Existing Funding

If the researcher does not need to seek additional funding for the proposed research, the request undergoes a review coordinated by the NCS Archive staff. The NCS Archive staff and NICHD staff review submitted materials for:

- Completeness of the request, including IRB review and funding availability:
<https://tutorcs.com>
 - Missing or incomplete documentation will generate an email request to the investigator.
 - Likewise, investigators will be prompted for missing information if the submitted research plan is determined to be incomplete, before it is sent forward for scientific review.
- Suitability of any requested material types, amounts, and assay methods (if samples are requested)
- Appropriateness of sample quantity (if samples are requested):
 - The requestor is required to document the rationale for the number of samples requested.
 - NCS Archive staff will review sample size and power calculations for the proposed statistical analysis approach. Alternative analytic approaches may be suggested, if appropriate.

This review is designed to ensure that all required documentation has been submitted, that the proposed research is technically feasible, and that the sample sizes are adequate to answer the research questions.

Upon completion of the preliminary review, three NICHD data access committee staff scientists with appropriate expertise conduct a formal review of the request. Other NIH staff or external scientific experts may be invited if needed. The materials submitted by the researcher are compiled and stored on a restricted area on the NCS Archive. Reviewers are notified by email and invited to log on to the NCS Archive voting area to complete their review of the submitted materials. Reviewers vote electronically on the final materials prepared by the NCS Archive staff.



All scientific reviews consider these specific evaluation criteria:

- Scientific merit: Is the research plan well designed and likely to provide meaningful results?
- Significance: Does the project address an important problem? Will it improve scientific knowledge, technical capability, and/or clinical practice?
- Does the proposed research warrant the use of any requested biological or environmental samples?
- Should the request be reviewed by external experts? Reviewers are asked to identify external experts if appropriate.
- Approach: Is the overall strategy, methodology, and analytic plan well-reasoned and appropriate?
- Are any samples requested suitable for the proposed research?
- Is statistical power adequate to meet the stated aims?
- For sample requests, is the sample-associated data needed to achieve the stated goals available?
- Investigator qualifications: Are the investigators qualified to perform the proposed research?
- Environment: As needed, are adequate institutional support, equipment and other physical resources available to the investigators?

Reviews may result in approval, denial, or deferral. The requestor is notified of the decision. A summary of the review will be provided to the requestor if the request is denied or deferred.

Scientific Review - Requests Seeking Funding

If the researcher needs to obtain funding to perform the proposed research, the request undergoes the initial ethical, suitability and availability review described under “**Initial Review**” above. In the case of requests to reserve samples, documentation will be provided that the samples will be held in reserve for the proposed research for up to 12 months. The decision to reserve samples will consider the impact of the request on the repository inventory and in the case of scarce samples may prompt additional expedited NICHD review. When a funding application is successful, the researcher will be asked to provide documentation indicating that funding was

obtained and that a scientific review covering the elements described under “**Review of Data and Sample Requests**” above. NICHD staff will determine if the documentation adequately addresses the elements of the scientific review or if a second scientific review is needed.

程序代写代做CS编程辅导

Research Material Distribution Agreement (RMDA)

When a request is approved, the requestor will be instructed to complete a Research Material Distribution Agreement (RMDA) by the system. The RMDA will be downloaded from the NCS Archive, completed, and uploaded by the requestor as a final attachment to the NICHD Contracting Officer Representative for the NCS Archive and/or NCS RMDA as the NICHD representative.



Required Submission of Laboratory Results Dataset

In order to receive the linkage key to connect blinded samples with individual participant data, investigators who request and receive samples for their research project must submit results of their laboratory analyses to the NCS Archive. The results dataset should be sent via email to <mailto:NCSArchive@s-3.net> and must include project identifiers, name and contact information for the testing laboratory, and a brief synopsis of the method and testing performed. Investigators are responsible for sending a codebook that includes valid result ranges and full test names. The data can be in CSV or ASCII format. At minimum, the dataset should include for each record the following variables: Sample ID, testing date, test(s), result(s), and units of measurement. Data files will be made available for future approved NCS Archive research projects.

Biological and Environmental Samples

WeChat: cstutorcs
Assignment Project Exam Help
Email: tutorcs@163.com
QQ: 749389476

A variety of biological and environmental samples were collected as part of the NCS Vanguard. Standard operating procedures were developed and followed to minimize variability in specimen handling through standardized collection, local transport, and shipping in combination with central processing, aliquoting, and storage. Complete manuals of procedures and other details are available in the “Procedures” section under the “Data and Documentation” tab of the registered website portion of the NCS Archive.

The materials collected comprise the following primary sample types:

- Biological Samples: Blood, urine, vaginal secretions, umbilical cord blood, umbilical cord tissue, placenta, meconium, breast milk, saliva, hair, and nails
- Environmental Samples: Air, dust, and water

Some types of primary samples were processed to produce a variety of derivative sample types. The inventory of approximately 250,000 items as of July 2017 comprises the following primary and derivative sample types:

程序代写代做 CS 编程辅导

| Biological Samples | Environmental Samples |
|--|-------------------------|
| Blood + 1% ascorbic acid | Air filter |
| Blood + RPMI/DMSO | Dust, bulk, processed |
| Breast milk | Dust, vacuum, allergens |
| Breast milk + PCA | Dust, wipe |
| Buffy coat | Formula, infant |
| Buffy coat, mixed (RB) | Water |
| DNA, 200ng/ μ l | |
| Hair | |
| Meconium | |
| Membrane, placental | |
| Nails | |
| Placenta, FFPE, slides and tissue blocks | |
| Plasma | |
| RBC | |
| RNA, 25ng/ μ l | |
| Saliva | |
| Serum | |
| Serum + MPA | |
| Umbilical cord | |
| Urine | |
| Urine + sulfamic acid | |
| Vaginal slide | |
| Vaginal swab | |
| Whole blood | |
| Whole blood spot, dried, filter paper adsorbed | |

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

Abbreviations: RPMI=Roswell Park Memorial Institute growth medium; DMSO=dimethyl sulfoxide; PCA=perchloric acid; RBC=red blood cell; DNA=deoxyribonucleic acid; FFPE=formalin-fixed paraffin-embedded; RNA=ribonucleic acid; MPA=metaphosphoric acid.

NCS biological and environmental sample procedures were designed to minimize preanalytical variability through standardized collection, local transport, short-term storage, and shipping followed by centralized processing, aliquoting, and long-term storage. In general, samples in the NCS collection are pristine, with frozen samples subject to no more than a single freeze-thaw cycle at the time of central processing.

Detailed sample characterization information (format, storage condition, etc.) is provided in the [Appendix 11 table](#) “Characterization Information for NCS Repository Samples with Inventory Counts of 10 or Greater as of July 2017”.

6 PUBLICATION GUIDELINES

程序代写代做 CS 编程辅导

Appropriate Acknowledgement of NCS Data

Approved data users should include the following language in the acknowledgment or in the text of their manuscript:

“This Manuscript was obtained from the NCS Vanguard Sample. The National Children’s Study Research Materials obtained from the NCS Vanguard Sample Archive and Access System and does not necessarily reflect the opinions or findings of the Kennedy Shriver National Institute of Child Health and Human Development or the National Institutes of Health.”



Manuscripts and abstracts resulting from an approved Research Plan/Data Request should not use the name of the National Children’s Study in the title of the manuscript/abstract unless the title clearly denotes the source of the Research Materials as being from the NCS Vanguard Data and Sample Archive and Access System (e.g., “...An investigation using the National Children’s Study”).

Data Publication Guidelines Assignment Project Exam Help

- Access to personally identifiable information (PII) is not permitted.
- Absolutely no individual level data should be published or made publicly available
- No attempts at re-identification shall be made.

Email: tutors@163.com

Anyone presenting NCS data should adhere to the following principles:

- All presented count data is of $N \geq 10$ (this refers to both data presented and data derivable from a presented table). If an $N < 10$ is presented or derivable, aggregation of cells or the presentation of percentages (without an N) are acceptable fixes.
- Derived counts refer to tables where multiple rows and columns are presented allowing a careful reader to infer a smaller count.
- Names of geographic areas smaller than the primary sampling unit are not mentioned.
- Any maps of geographic areas provided do not depict secondary sampling units (or smaller).
- Employers, hospitals, providers, or industries are not named as residing in sampled areas.
- Potential or enrolled participant demographics or health status are not described at the individual level.

QQ: 749389476

<https://tutorcs.com>

APPENDIX 1: DESCRIPTIONS OF EACH STUDY PHASE

INITIAL VANGUARD STUDY

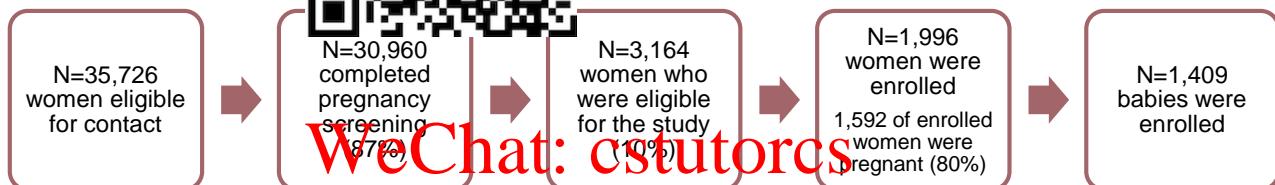
Overview of IVS

The initial phase of the Van
sampling design to recruit a
in households within sampl
based recruitment began in
February 2012.



ducted in seven locations to assess a household-based sample of children. This method involved conducting enumeration in September 2010. Passive recruitment continued through

Figure 1. IVS Recruitment

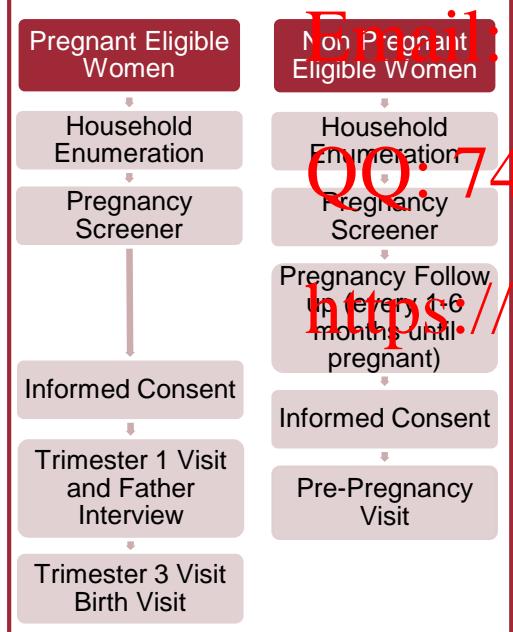


IVS Recruitment

Eligibility Criteria: To be eligible for the pregnancy screening, women had to be 18 or state age of majority or pregnant. Another criterion was residence in defined areas in the county.

Assignment Project Exam Help

Figure 2. IVS Flow of Recruitment and Study Events



recruitment data collected during 2009 revealed that the enrollment of women and babies was occurring at a rate lower than expected. These results projected that enrollment based on household sample design could take longer to complete and cost more than anticipated. A reevaluation of assumptions and design then followed, and the NCS designed and piloted three alternate recruitment strategies.

Screening and Consent: Data collectors visited the households in person to create a roster of people in each household and screen for eligibility, using the Enumeration Instrument. If there was no response, data collectors made additional attempts at the household to identify eligible women. Data collectors then administered the pregnancy screener interview to each eligible woman. Women who were pregnant were administered informed consent. Eligible, non-pregnant women were followed up by telephone after 1- 6 months to be screened again.

IVS Data Collection

For post-birth events, IVS participants joined the Alternative Recruitment Substudy (ARS) cohort and protocol in late 2010. Many children in the IVS were enrolled in the study two years prior to the children enrolled in the ARS cohorts. As a result, the IVS children tended to be older than those in the ARS cohorts.

Conclusion

See Figure 3 for a list of IVS Study Locations. All IVS Study Locations conducted expanded data collection, including anthropometry measures, biospecimens, and environmental specimens. Study Locations indicated with a † symbol began enrollment in January 2009, while the remaining five began in April 2009.

Figure 3. IVS Study Locations

| Study Location | Area ¹ |
|-------------------------------|-------------------|
| Brookings, SD | Rural |
| Duplin, NC [†] | Rural |
| Montgomery, PA | Suburban |
| NYC (Queens), NY [†] | Urban |
| Orange County, CA | Urban |
| Salt Lake, UT | Urban |
| Waukesha, WI | Suburban |

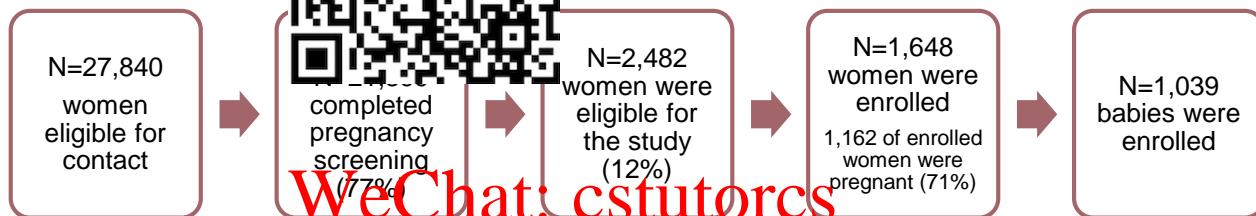
¹ 2013 NCHS Urban-Rural Classification: 1=Urban; 2, 3, 4=Suburban; 5, 6=Rural

ENHANCED HOUSEHOLD-BASED RECRUITMENT (EHBR)

Overview of EHBR Substudy

EHBR involved data collection from households to identify women for eligibility. This approach was similar to the initial Vanguard Study (IVS) and writing down a roster of people in each household and screening approach used by the Initial Vanguard Study (IVS). This group served to validate any initial findings and enrollment rates. Recruitment of women took place from November 2010 – February 2012.

Figure 1. EHBR Recruitment



EHBR Recruitment

Eligibility Criteria: To be eligible, women were either pregnant or non-pregnant women trying to conceive. The second criteria was geographic eligibility: residence in defined areas in the county.

Assignment Project Exam Help

Figure 2. EHBR Flow of Recruitment and Study Events



Screening and Consent: Data collectors first mailed introductory letters to eligible households in the sampled geographic areas. Then, they visited the households in person to create a roster of people in each household and screen for eligibility using the Enumeration instrument. If there was no response, data collectors made additional attempts at the household to identify eligible women. Data collectors administered the pregnancy screener interview to each eligible woman. Eligible women who were pregnant or trying to conceive were administered informed consent. Non-pregnant women (both those trying to conceive and those who weren't trying to conceive) were followed up by telephone after 3 months to check on their pregnancy status.

The major drawback of the EHBR design was the cost. The enhanced communication strategy did not bolster enrollment. The substudy confirmed the initial IVS findings in that it was costly, inefficient, and yielded fewer pregnant women proportionally than expected.

See Figure 3 for a list of EHBR Study Locations. Those with an asterisk were selected to conduct expanded data collection, including anthropometry measures, biospecimens, and environmental specimens.

Figure 3. EHBR Study Locations

| Study Location | Area ¹ |
|-----------------|-------------------|
| Baker, FL* | Suburban |
| Cumberland, ME* | Suburban |
| Cuyahoga, OH* | Urban |
| Grant, WA | Rural |
| Honolulu, HI | Suburban |
| Pinal, AZ | Suburban |
| Polk, IA* | Suburban |
| San Diego, CA | Urban |
| St. Louis, MO* | Suburban |
| Valencia, NM | Suburban |

¹ 2013 NCHS Urban-Rural Classification: 1=Urban; 2, 3,

4=Suburban; 5, 6=Rural

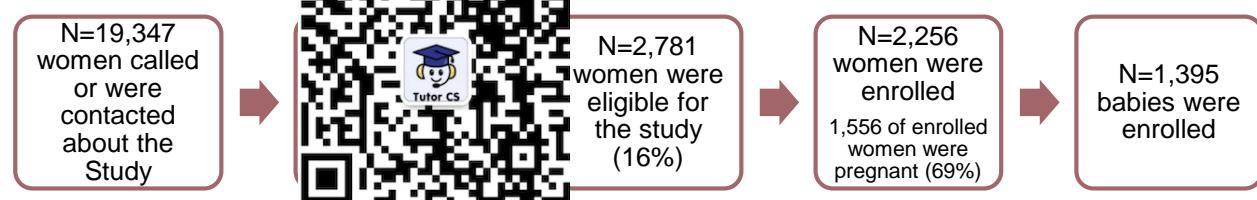
Direct Outreach (DO)

Overview of DO Substudy

程序代写代做 CS编程辅导

DO enrolled participants using mailings, media campaigns, outreach events, and other strategies to inform the public about the Study and recruit participants. Interested women called the study phone line and were screened for eligibility (i.e., age and living in defined areas in the county). Recruitment took place from November 2010 – February 2012.

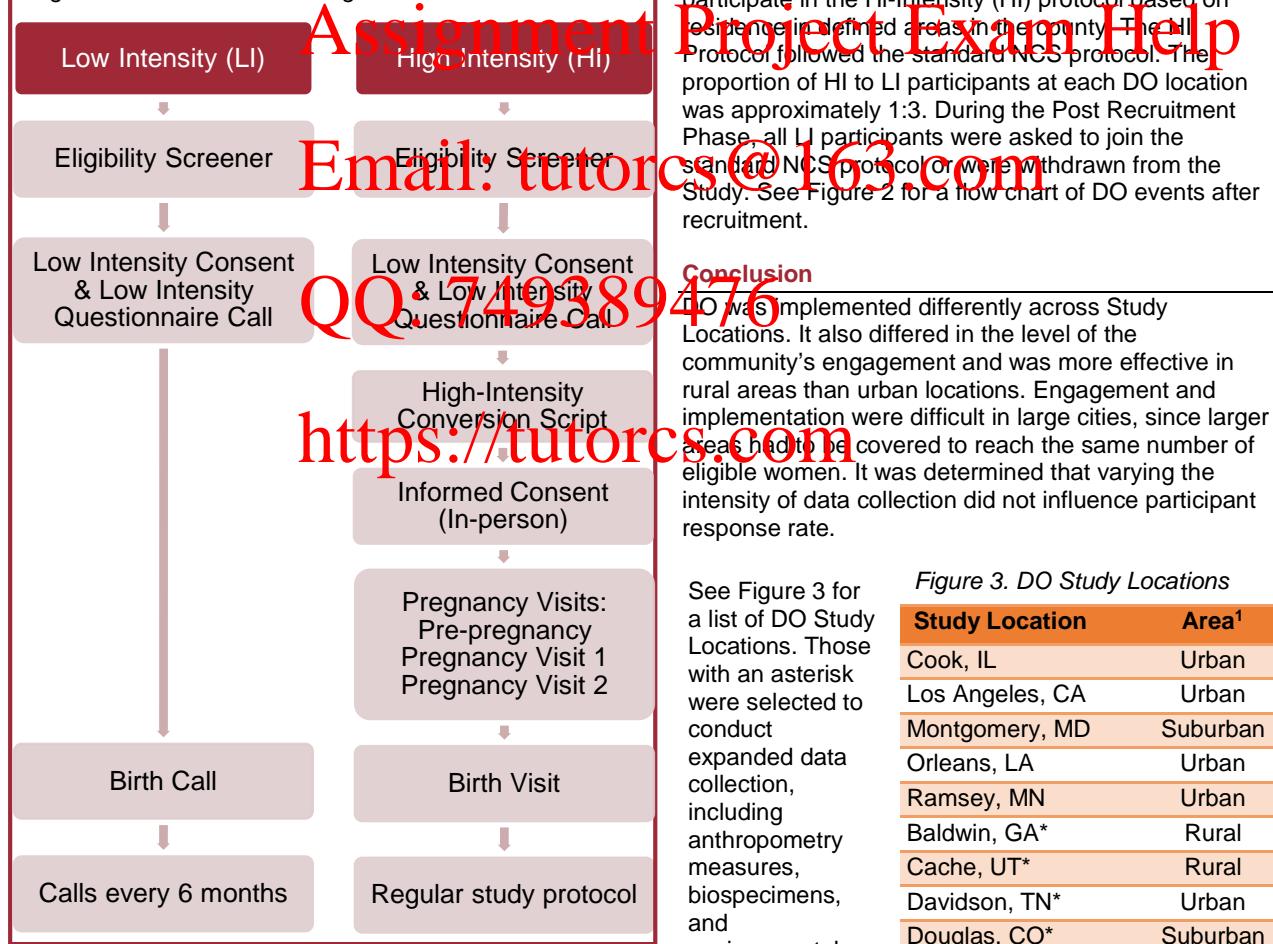
Figure 1. DO Recruitment



DO Recruitment

DO was able to recruit and follow a high percentage of eligible participants, but also had to screen out a large number of ineligible participants. Both community and targeted household outreach and engagement activities were necessary to successfully enroll women, which proved to be expensive. All participants in DO Study Locations started out in the Low Intensity (LI) protocol (see Figure 2). This only included telephone interviews every 6 months post-birth. From the pool of LI participants, a select group was invited to participate in the Hi-Intensity (HI) protocol based on residence in defined areas in the county. The HI Protocol followed the standard NCS protocol. The proportion of HI to LI participants at each DO location was approximately 1:3. During the Post Recruitment Phase, all LI participants were asked to join the standard NCS protocol or were withdrawn from the Study. See Figure 2 for a flow chart of DO events after recruitment.

Figure 2. DO Events Following Recruitment



Conclusion

DO was implemented differently across Study Locations. It also differed in the level of the community's engagement and was more effective in rural areas than urban locations. Engagement and implementation were difficult in large cities, since larger areas had to be covered to reach the same number of eligible women. It was determined that varying the intensity of data collection did not influence participant response rate.

See Figure 3 for a list of DO Study Locations. Those with an asterisk were selected to conduct expanded data collection, including anthropometry measures, biospecimens, and environmental specimens on the HI participants.

Figure 3. DO Study Locations

| Study Location | Area ¹ |
|-------------------|-------------------|
| Cook, IL | Urban |
| Los Angeles, CA | Urban |
| Montgomery, MD | Suburban |
| Orleans, LA | Urban |
| Ramsey, MN | Urban |
| Baldwin, GA* | Rural |
| Cache, UT* | Rural |
| Davidson, TN* | Urban |
| Douglas, CO* | Suburban |
| Westmoreland, PA* | Suburban |

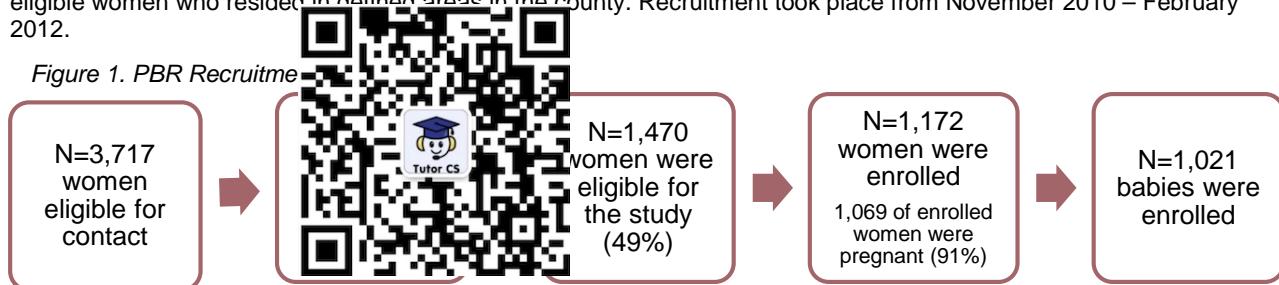
¹ 2013 NCHS Urban-Rural Classification: 1=Urban; 2, 3, 4=Suburban; 5, 6=Rural

PROVIDER BASED RECRUITMENT (PBR)

Overview of PBR Substudy

The Provider-Based Recruitment (PBR) strategy involved partnering with local healthcare provider offices to screen and enroll eligible women. Contact was initiated and mediated through health care providers to identify and enroll eligible women who resided in defined areas in the county. Recruitment took place from November 2010 – February 2012.

Figure 1. PBR Recruitment



PBR Recruitment

Figure 2. PBR Flow of Recruitment and Study Events



One limitation of the PBR design was that only women seeking prenatal care were included in the sample. The women recruited in PBR were often enrolled later in their pregnancies compared to the other recruitment strategies tested.

See Figure 3 for a list of PBR Study Locations. Those with an asterisk were selected to conduct expanded data collection, including anthropometry measures, biospecimens, and environmental specimens.

¹ [2013 NCHS Urban-Rural Classification](#): 1=Urban; 2, 3, 4=Suburban; 5, 6=Rural

WeChat: cstutorcs

Eligibility Criteria: Eligibility for women was determined by age (child-bearing years) and residence in defined areas in the county. An Address-Lookup Tool was utilized to determine geographic eligibility.

Screening and Consent: At 10 Study Locations eligible women were approached and screened at local health care provider offices; obstetricians, namely walk-in clinics, public health nurses, midwives, pediatricians, etc. In many offices, the health care provider introduced the study to eligible women, and in others local NCS staff introduced the study with eligible women at the provider office. Non-pregnant women (both those trying to conceive and those who weren't trying to conceive) were followed up by telephone after 3 months to check on their pregnancy status.

Conclusion

This recruitment strategy, among the three Alternate Recruitment Strategies, was evaluated to be a successful recruitment model as it generated a similar enrollment to other recruitment methods with far fewer women screened. It was the most effective and efficient; enrolling 1 woman for every 3 women screened. This strategy was expanded, refined and later tested in the three Provider-Based Sampling sites.

Figure 3. PBR Study Locations

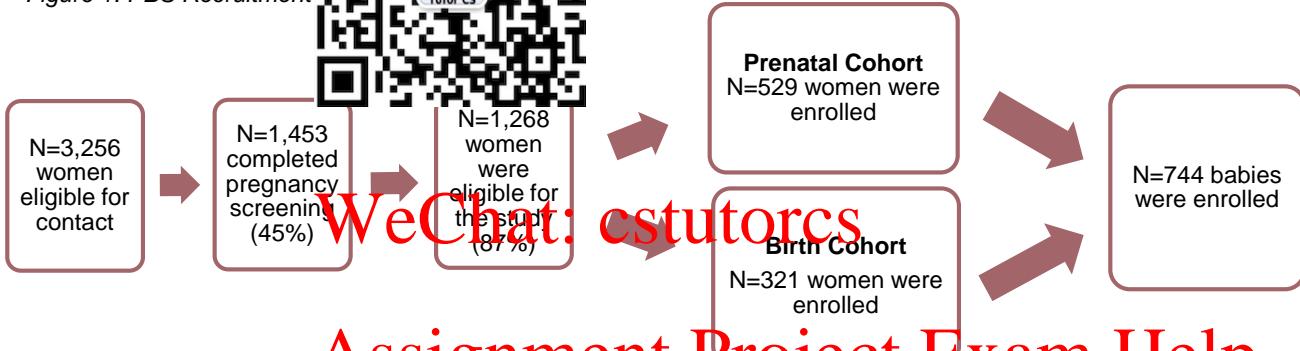
| Site | Area ¹ |
|-----------------|-------------------|
| Benton, AR | Suburban |
| Bexar, TX | Urban |
| Durham, NC* | Suburban |
| Hinds, MS* | Suburban |
| Lamar, TX* | Rural |
| New Haven, CT | Suburban |
| Providence, RI | Urban |
| Sacramento, CA | Urban |
| Schuylkill, PA* | Rural |
| Wayne, MI* | Urban |

PROVIDER BASED SAMPLING (PBS)

Overview of PBS Substudy

Based on the success of the Provider-Based Recruitment strategy, a new recruitment substudy called Provider-Based Sampling (PBS) was implemented in three study locations. PBS employed two separate but related strategies for recruiting women into the NCS. The first strategy involved enrolling a probability sample of women from a probability sample of prenatal care providers within a geographic area who had recruited women into the NCS. The second strategy involved enrolling a probability sample women in hospitals within the same geographic area who had recruited women into the NCS. Recruitment of women for the prenatal cohort took place from November 2012 - July 2013, and the birth cohort recruitment took place from March - July 2013.

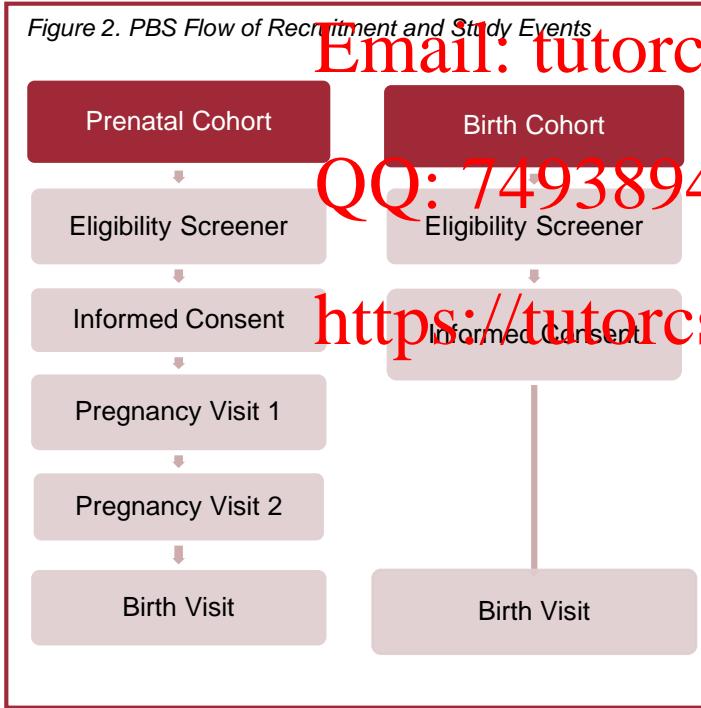
Figure 1. PBS Recruitment



Assignment Project Exam Help

PBS Recruitment

Figure 2. PBS Flow of Recruitment and Study Events



Prenatal Recruitment: The prenatal cohort sample was designed to contain 15-20 sampled provider locations in each of the three PBS Study Locations for a total of 50 provider locations.

Birth Cohort Recruitment: The NCS added a birth cohort in March 2013. The birth cohort recruited pregnant participants at birth hospitals, with the goal to enroll 125 women across 3 selected hospitals in each Study Location.

Child Birth: After the child was born, PBS participants followed the NCS standard protocol; however, no sample collections (i.e., biological specimens, environmental samples, and physical measures) were collected post-birth in this cohort. The goal of the PBS was to recruit and track 250 births per each study location, and two of the three locations were successful. See Figure 3 for a list of PBS Study Locations and their Characteristics.

Figure 3. PBS Study Locations

| Study Location | Area ¹ |
|----------------------|-------------------|
| Jefferson County, KY | Urban |
| Harris County, TX | Urban |
| Worcester County, MA | Suburban |

¹ 2013 NCHS Urban-Rural Classification: 1=Urban; 2, 3, 4=Suburban; 5, 6=Rural

APPENDIX 2. LIST OF STUDY LOCATIONS, ROCs AND RECRUITMENT STRATEGIES

| ROC |  | Initial Contracting University/Study Center | Recruitment Strategy |
|---------|---|--|----------------------|
| CENTRAL | Wayne County, MI | Michigan State University | ARS - PBR |
| | Ramsey County, MN | University of Minnesota | ARS - DO |
| | St. Louis City, MO | St. Louis University | ARS - EHBR |
| | Cuyahoga County, OH | Case Western University | ARS - EHBR |
| | Westmoreland County, PA | University of Pittsburgh | ARS - DO |
| | Brookings County, SD; Yellow Medicine County, MN; Pipestone County, MN; Lincoln County, MN | South Dakota State University | IVS |
| | Waukesha County, WI | University of Wisconsin | IVS |
| | New Haven County, CT | Yale University | ARS - PBR |
| | Worcester County, MA | University of Massachusetts | PBS |
| | Montgomery County, MD | Johns Hopkins University | ARS - DO |
| EAST | Cumberland County, ME | Maine Medical Center | ARS - EHBR |
| | Duplin County, NC | University of North Carolina at Chapel Hill | IVS |
| | Durham County, NC | University of North Carolina at Chapel Hill | ARS- PBR |
| | New York City (Queens), NY | Mt. Sinai University | IVS |
| | Montgomery County, PA | Children's Hospital of Philadelphia (CHOP) | IVS |
| | Schuylkill County, PA | Children's Hospital of Philadelphia (CHOP) | ARS- PBR |
| | Providence County, RI | Brown University | ARS-PBR |

| ROC | Study Location | Initial Contracting University/Study Center | Requirement Strategy |
|-------|--|---|-------------------------|
| SOUTH |  <p>WeChat: cstutorcs Assignment Project Exam Help Email: tutorcs@163.com</p> | Arkansas Children's Hospital | ARS- PBR |
| | | University of Miami | ARS - EHBR |
| | | Emory University | ARS - DO |
| | | Tulane University | ARS - DO |
| | | University of Mississippi | ARS- PBR |
| | | University of New Mexico | ARS - EHBR |
| | | Vanderbilt University | ARS - DO |
| | | University of Texas Health Science Center – San Antonio | ARS- PBR |
| | | Baylor College of Medicine | PBS |
| | | University of Texas Southwestern - Dallas | ARS- PBR |
| WEST | Pinal County, AZ | University of Arizona | ARS - EHBR |
| | Los Angeles County, CA | University of California – Los Angeles | ARS - DO |
| | Orange County, CA | University of California – Irvine | IVS |
| | Sacramento County, CA | University of California – Davis | ARS- PBR |
| | San Diego County, CA | University of California – Irvine | ARS - EHBR |
| | Douglas County, CO | University of Colorado | ARS - DO |
| | Honolulu County, HI | University of Hawaii | ARS - EHBR |
| | Cache County, UT | University of Utah | ARS - DO |
| | Salt Lake County, UT | University of Utah | IVS |
| | Grant County, WA | University of Washington | ARS - EHBR |

APPENDIX 3. FOUR REGIONAL OPERATION CENTERS (ROCs), 31 STATES AND 43 COUNTIES



<https://tutorcs.com>

APPENDIX 4: NCS VANGUARD STUDY DATA COLLECTION ACTIVITIES BY DOMAIN AND STUDY PHASE

The following tables display the Vanguard Study data collection activities by domain and Study cohort. The NCS grouped data into domain areas as follows: biospecimens, environmental samples, neuropsychosocial measures, and questionnaires. Many of the tables also illustrate the Study visit(s) of the determined participant.



Table 1. Screening

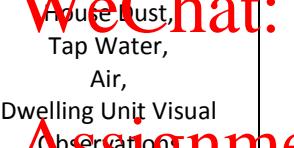
| | Initial Vanguard Study | Alternate Recruitment Substudy | Provider-Based Sampling |
|--------------------|--|--|--|
| Pre-Screening | Household Enumeration | Household Enumeration (EH), Address Lookup Tool (PB), PB Recruitment Quex (PB) | PBS Provider Frame Quex |
| Pregnancy Screener | Pregnancy Screener, Pregnancy Probability Group Follow-Up Instrument | Pregnancy Screener (PB), Pregnancy Screener (EH), Pregnancy Screener (DO-HI DO-LI), Pregnancy Probability Group Follow-Up Instrument and SAQ (PB, EH, DO-HI, DO-LI) | PBS Prenatal Eligibility Screener, PBS Birth Cohort Eligibility Screener |
| Notes | Quex=Questionnaire, SAQ=Self-administered Questionnaire PBS=Provider-Based Sampling, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity | | |

Table 2. Biospecimen Collection

| Study Visit | Initial Vanguard Study (2009-2010) | Alternate Recruitment Substudy (2011-2012) | Provider-Based Sampling Cohort Only (2012-2014) | Post Recruitment Follow-up (2014) |
|-------------------------------|---|--|---|--|
| Pre-Pregnancy (P1) |  | Blood (M), Urine (M) (PB, EH, DO-HI) | | |
| T1/Pregnancy Visit 1 (PV1) | Vaginal Swab (M), Saliva (M), Blood (F), Urine (F), Nails (F), Hair (F) | Blood (M), Urine (M) (PB, EH, DO-HI) | | |
| T3/Pregnancy Visit 2 (PV2) | Blood (M), Spot Urine (M), Vaginal Swab (M), Saliva (M), Hair (M), Nails (M) | Blood (M), Urine (M) (PB, EH, DO-HI) | | |
| Birth Visit | Blood (M), Placenta (M), Umbilical Cord (M), Cord Blood (M), Infant Blood Spot (Ch), Meconium (Ch) | Cord Blood (M) (PB, EH, DO-HI) | Blood (M), Urine (M), Placenta (M), Cord Blood (M), Infant Blood Spot (Ch) | |
| 1 month | Breast Milk (M) | Breast Milk (PB, EH, DO-HI) | | |
| 3 month | Breast Milk (M) | Breast Milk (PB, EH, DO-HI) | | |
| 6 month | Urine (Ch) | Urine (Ch) (PB, EH, DO-HI) | | Urine (Ch) |
| 12 month | | Blood (Ch), Urine (Ch), Saliva (Ch) (PB, EH, DO-HI) | | Blood (Ch), Urine (Ch), Saliva (Ch) |
| 36 month | | | | Blood (M), Urine (M), Saliva (M), Blood (Ch), Urine (Ch), Saliva (Ch) |
| Notes: | M=Mother, F=Father, Ch=Child PB=Provider-Based, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity | | | |

程序代写代做 CS编程辅导

Table 3. Environmental Sample Collection

| Study Visit | QR Code | Alternate Recruitment Substudy | Provider-Based Sampling | Post Recruitment Follow-up |
|----------------------------|--|--|--|----------------------------|
| Pre-Pregnancy (P1) |  | | | |
| T1/Pregnancy Visit 1 (PV1) |  | Dwelling Unit Visual Observations | Vacuum Bag Dust, Tap Water (PB, EH, DO-HI) | |
| T3/Pregnancy Visit 2 (PV2) |  | House Dust, Tap Water, Air, Dwelling Unit Visual Observations | Vacuum Bag Dust, Tap Water (PB, EH, DO-HI) | |
| 6 month | | House Dust, Air, Dwelling Unit Visual Observations | | |
| Notes: | <p>M=Mother, F=Father, Ch=Child PB=Provider Based, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity</p> <p>WeChat: cstutorcs Assignment Project Exam Help Email: tutorcs@163.com QQ: 749389476</p> | | | |

<https://tutorcs.com>

Table 4. Physical Measures

| Study Visit | Initial Vanguard Study | Alternate Recruitment Substudy | Provider-Based Sampling | Post Recruitment Follow-up |
|----------------------------|---|---|-------------------------|---|
| Pre-Pregnancy (P1) | Maternal Anthropometry, Maternal Blood Pressure, Maternal Height, Maternal Weight | | | |
| T1/Pregnancy Visit 1 (PV1) | Maternal Anthropometry, Maternal Blood Pressure, Maternal Height, Maternal Weight | | | |
| T3/Pregnancy Visit 2 (PV2) | Maternal Anthropometry, Maternal Blood Pressure, Maternal Height, Maternal Weight | | | |
| Birth Visit | abstraction, Child Anthropometry, Infant Neonatal Exam | | | |
| 6 month | Child Anthropometry | Child Anthropometry, (PB, EH, DO-HI) | | Child Anthropometry |
| 12 month | | Child Anthropometry, Child Blood Pressure (PB, EH, DO-HI) | | Child Anthropometry, Child Blood Pressure |
| 24 month | | Child Anthropometry, Child Blood Pressure (PB, EH, DO-HI) | | Child Anthropometry, Child Blood Pressure |
| 36 month | | | | Child Anthropometry, Child Blood Pressure |
| Notes: | M=Mother, F=Father / CH=Child PB=Provider-Based, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity | QQ: 749389476 Email: tutorcs@163.com | | |

<https://tutorcs.com>

Table 5. Neuro-Psychosocial Measures

| Study Visit | Initial Vanguard Study Visit 1 (PV1) | Alternate Recruitment Substudy | Provider Based Sampling | Post Recruitment Follow-up |
|----------------------------|---|--|-------------------------|--|
| T1/Pregnancy Visit 1 (PV1) | Kauai | | | |
| 6 month | Romi | | | |
| 12 month |  | Brief Infant Toddler Social Emotional Assessment™ (BITSEA) SAQ (PB, EH, DO-HI, DO-LI) | BITSEA™ SAQ | BITSEA™ SAQ, |
| 18 month | | Ages & Stages-3™ SAQ (ASQ-3) (PB, EH, DO-HI, DO-LI) | ASQ-3™ SAQ | ASQ-3™ SAQ |
| 24 month | | ASQ-3™ SAQ, Modified Checklist for Autism in Toddlers (M-CHAT) SAQ (PB, EH, DO-HI, DO-LI) | | ASQ-3™ SAQ, M-CHAT SAQ, |
| 30 month | | ASQ-3™ SAQ, BITSEA™ SAQ, Brief Symptom Inventory (BSI) SAQ, Infant/Toddler Sensory Profile™ SAQ (PB, EH, DO-HI, DO-LI) | | ASQ-3™ SAQ, BITSEA™ SAQ, BSI® SAQ, Infant/Toddler Sensory Profile™ SAQ |
| 36 month | | | | ASQ-3™ SAQ, SWAN Rating Scale for ADHD SAQ, Major Life Events SAQ, Early Childhood Cognition Battery-NIH Toolbox, |
| Notes: | M=Mother, F=Father, Ch=Child Quex=Questionnaire, SAQ=Self-administered Questionnaire PB=Provider-Based, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity | | | |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com
QQ: 749389476

<https://tutorcs.com>

Table 6. Questionnaires

| Study Visit | Initial Vanguard Study | Alternate Recruitment Substudy | Provider-Based Sampling | Post Recruitment Follow-up |
|----------------------------|--|--|--|---|
| Pre-Pregnancy (P1) | P1 Interview, P1/P2/P4 Phone Interview, 3-Day Dietary Checklist, Food Frequency Quex, Participant Evaluation Quex |  -Pregnancy Interview, Pre-Pregnancy SAQ (PB, EH, DO-HI) -Intensity Quex (DO-LI) | | |
| T1/Pregnancy Visit 1 (PV1) | T1 Mother Interview, T1 Father Interview, T16/T17-Week Phone Interview, 3-Day Dietary Checklist, Food Frequency Quex, | PV1 Interview, PV1 SAQ, Father Interview (PB, EH, DO-HI) Low-Intensity Quex (DO-LI) | PV1 Interview, PV1 SAQ, | |
| T3/Pregnancy Visit 2 (PV2) | T3 Interview, T36-Week Phone Interview, 3-Day Dietary Checklist, Food Frequency Quex, Life Experiences SAQ | PV2 Interview, PV2 SAQ (PB, EH, DO-HI) Low-Intensity Quex (DO-LI) | PV2 Interview, PV2 SAQ, | |
| Birth Visit | | Birth Visit Interview (PB, EH, DO-HI) Low-Intensity Birth Visit Interview (DO-LI) | Birth Visit Interview, | |
| 1 Month | Infant Feeding Quex, Food Frequency Quex | | | |
| 3 month | 3-Month Phone Interview | 3-Month Mother Interview (PB, EH, DO-HI, DO-LI) | 3-Month Mother Interview | 3-Month Mother Interview |
| 6 month | 6-Month Mother Interview, 6-Month Infant Feeding Quex, 3-Day Infant Dietary Checklist, Family Medical History SAQ (M), Participant Evaluation Quex | 6-Month Mother Interview, 6-Month Infant Feeding SAQ (PB, EH, DO-HI), Low-Intensity Quex (DO-LI) | 6-Month Interview, 6-Month Infant Feeding SAQ | 6-Month Interview 6-Month Infant Feeding SAQ |
| 9 month | 9-Month Phone Interview | 9-Month Mother Interview (PB, EH, DO-HI, DO-LI) | 9-Month Mother Interview | 9-Month Mother Interview |

Table 6. Questionnaire

| Study Visit | Initial Vanguard Study | Alternate Recruitment Substudy | Provider-Based Sampling | Post Recruitment Follow-up |
|-------------|---|--|---|---|
| 12 month |  | 12-Month Mother Interview, 12M Mother SAQ (PB, EH, DO-HI) -Intensity Quex (DO-LI) | 12-Month Mother Interview, 12-Month Mother SAQ | 12-Month Mother Interview, 12-Month Mother SAQ |
| 18 month | | Month Mother Interview (PB, EH, DO-HI, DO-LI) | 18-Month Interview | 18-Month Interview |
| 24 month | WeChat: cstutorcs | 24-Month Mother Interview (PE, EH, DO-HI, DO-LI) Low-Intensity Quex (DO-LI) | 24-Month Interview | 24-Month Interview |
| 30 month | | 30-Month Interview, Core Quex (PB, EH, DO-HI, DO-LI) | | 30-Month Quex (Child and Adult), Core Quex (Child and Household) |
| 36 month | Email: tutorcs@163.com QQ: 749389476 | | | 36-Month Quex (Child, Adult, and Household), Core Quex (Child, Adult, Household) |
| 42 month | https://tutorcs.com | | | Core Quex (Child and Household), |
| Notes: | <p>M=Mother, F=Father, Ch=Child Quex=Questionnaire, SAQ=Self-administered Questionnaire PB=Provider-Based, EH=Enhanced Household, DO=Direct Outreach, HI=High Intensity, LI=Low Intensity</p> | | | |

APPENDIX 5: NATIONAL CHILDREN'S STUDY VANGUARD DATA USER AGREEMENT

程序代写代做 CS编程辅导

* = Required Field

Requesting Investigator Information

*Name:

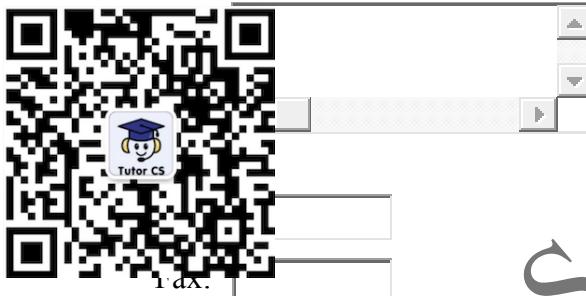
Title:

*Institution:

*Email:

Department:

Website:



WeChat: cstutorcs

NATIONAL CHILDREN'S STUDY VANGUARD DATA USER AGREEMENT

Assignment Project Exam Help

Terms & The data owned by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) is offered as an information and data resource for scientific research.

Users of National Children's Study (NCS) Vanguard data agree to comply with all terms and conditions of the NICHD User Agreement during the registration process.

Email: tutorcs@163.com
QQ: 749389476

1. to use NCS resources for the purposes of archiving and accessing data obtained from scientific research with the intent of data sharing and reuse, and to notify the NCS Administrator of any breach in use
2. to use NCS data for scientific research in an institution with an approved assurance from the Department of Health and Human Services Office for Human Research Protections, and to not use the data for commercial purposes (or sell the data obtained from NICHD)
3. to preserve and protect the confidentiality of, and not attempt to identify, any individuals or households in the data
4. that archived data are provided without warranty or liability of any kind
5. to notify the NCS Administrator of any errors discovered in the archived data
6. to establish safeguards to prevent unauthorized viewing or release of NCS information or data
7. to comply with any charges that may apply for various services offered by NCS
8. to ensure that the means of access to NCS (such as passwords) are kept secure and not disclosed to anyone else

9. that personal data submitted by you are accurate to the best of your knowledge and kept up to date by you

10. that personal data provided by you may be used for administrative management of NCS and for reporting purposes with the goal of improving services offered by NCS

11. that any breach of the User Agreement would lead to termination of your access to the services

12. to complete NCS Data



Check the box if you agree to the above conditions. I Agree

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC A934, Bethesda MD 20892-7974, ATTN: PRA (0925-0647). Do not return the completed form to this address.

Privacy Act Notification: Information collected as part of the data use agreement, data request forms, and distribution agreement may be made public in part or in whole for tracking and reporting purposes. This Privacy Act Notification is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5 U.S.C. Section 552a. Authority for the collection of the information requested comes from the authorities regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions (42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. These records will be maintained in accordance with the Privacy Act System of Record Notice 09-25-0200 (<https://oamr.od.nih.gov/forms/Privacy%20Documents/PAfiles/0200.htm>) covering “Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/OD.” The primary uses of this information are to document, track, and monitor and evaluate the submission of data from clinical, basic, and population-based research activities and to notify Submitters in the event a potential error in the dataset is identified or in the event of updates or other changes to the database. The Federal Privacy Act protects the confidentiality of the Submitter’s NIH records. The NIH will use the information collected for the purposes described above. In addition, the Act allows the release of some information in the Submitter’s records without the Submitter’s permission; for example, if it is requested by members of Congress or other authorized individuals. The information requested is voluntary, but necessary for obtaining access to data and samples in the NCS Archive.

SAMPLE

APPENDIX 6: NATIONAL CHILDREN'S STUDY ARCHIVE DATA REQUEST FORM

The National Children's Study ~~程序代写代做CS编程辅导~~ Vanguard Data Request Form

* = Required Field



OMB# 0925-0730

2/28/2019

1 Request Identifier

Request Name *

WeChat: cstutorcs

Create a brief title for your research plan

2 Requesting Investigator Information

Name *

Address *

Email: tutorcs@163.com

Title

QQ: 749389476

Institution

<https://tutorcs.com>

Email *

Phone *

Department

Fax

Website

Recipient Information

Institution type *

- Non-Profit Organization
- Commercial Organization
- Academic

Number of years in scientific research

- 0-5

- 5 - 10



Scanning this QR code will take you directly to our website where you can learn more about our services and request a free consultation.

Is funding currently available for this research? *

- Yes
- No

If yes, please upload documentation of primary funding

Funding is not yet available, indicate anticipated primary funding source

- NIH Intramural Research
- NIH Extramural Research
- Non-NIH Federal Funding
- Private Foundation
- Funding Outside of United States

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

- Industry
- Institutional/Departmental
- State Funding
- Pending
- No Direct Funding or Not Applicable

QQ: 749389476

<https://tutorcs.com>

SAMPLE

3 Request Details

Subject Characteristics

程序代写代做 CS 编程辅导



Describe the characteristics of the subject to be searched for available data. Criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.

Research Plan: Describe this request, including a summary of the rationale, main hypothesis and proposed research aims *

WeChat: cstidores
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

A brief overview of your research needs

Scientific Background and Rationale

Provide the research protocol background, objectives, and hypothesis.

Approved Users

Name

Approved User #1 Name

Email

程序代写代做 CS编程辅导

Approved User #1 Email

Name

Approved User #2 Name

Email



Approved User #2 Email

Name

Approved User #3 Name

Email

WeChat: cstutorcs

Approved User #3 Email

Name

Email

Assignment Project Exam Help

Approved User #4 Name

Approved User #4 Email

Information Security: Please check the information security practices to be used.*

- Email: tutorcs@163.com
- QQ: 749389476
- <https://tutorcs.com>
- Institute supported, controlled access server
 - Institute supported, password protected desktop computer
 - Encrypted, password protected laptop computer
 - Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
 - Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet

Study data must be maintained in a secure and controlled environment

Comments

Upload Checklist

- I have uploaded institutional sign off or a cover letter approving
- research I have uploaded documentation of primary funding

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and

SAMPLE

maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (())

程序代写代做CS编程辅导

return the completed form to this address.

Privacy Act Notifica-

and distribution agree-

This Privacy Act No-

Section 552a. Autho-

regarding the estab-

lition of the National

Institutes of Health,

its general authority

to conduct and fund

research and to pro-

vide training assistance,

and its general autho-

rity to maintain recor-

ds in connection with

these and its other fu-

nctions (42 U.S.C. 203,

241, 289I-1 and 44 U.S.C.

3101), and Section 301

and 493 of the Public

Health Service Act. These

records will be main-

tained in accordance

with the Privacy Act Sys-

tem of Record Notice 09-25-0200

(<https://oma.od.nih.gov/forms/Privacy%20Documents/PAfiles/0200.htm>) covering "Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/ OD."

The primary uses of this

information are to docu-

ment, track, and moni-

tor and evaluate the sub-

mission of data from clini-

cal, basic, and popula-

tion-based research ac-

tivities and to notify Sub-

mitters in the event of

a potential error in the

dataset is identified or

in the event of updates or

other changes to the da-

tabase. The Federal Priva-

cy Act protects the confi-

dentiality of the Submitter's

NIH records. The NIH will

use the information col-

lected for the purposes

described above. In ad-

dition, the Act allows the

release of some infor-

mation in the Submitter's

records without the Sub-

mitter's permission; for

example, if it is re-

quested by members of

Congress or other au-

thorized individuals. The

information requested is

voluntary, but necessary

for obtaining access to

data and samples in the

NCS Archive.



WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

SAMPLE

程序代写代做 CS编程辅导

APPENDIX 7: NATIONAL CHILDREN'S STUDY ARCHIVE DATA AND SAMPLE REQUEST FORM



OMB# 0925-0730

2/28/2019

The National Children's Study Vanguard Data & Sample Request Form

WeChat: cstutorcs

Please use the following form to submit your request to access NCS Study Data and Samples. After you submit your request, it will be reviewed by NCS Archive staff who may reach out to you for additional information or clarification. After your request undergoes the initial review, you will be asked to complete and sign a Research Materials Distribution Agreement (RMDA). Once the signed RMDA is uploaded, the request will be placed in a queue for review by the NICHD. After the review concludes, the NCS Archive staff will notify you if your request is accepted and, if so, work to provide you with secure access to restricted NCS data and samples.

Assignment Project Exam Help

Email: tutorcs@163.com
At any point when completing a request, if you are unable to complete the document, select the "Save For Later" button at the end of the form, and all the information you had just entered will be saved. You will be able to access your completed and saved requests at any time from [My Requests](#).

QQ: 749389476

A PDF version of the Data & Sample Request form (PDF - 138KB) is available for your convenience. Please see the [accessibility page](#) if you need assistance accessing PDF files.

<https://tutorcs.com>

Please note, we request that you or an associate enter all data and sample requests electronically for final submission. However, if you are unable to or have any difficulty entering request information, you may attach a scanned hard copy form and the NCS Archive staff will assist you.

Please refer to the bottom of the form for information concerning the OMB public reporting burden for this collection of information.

程序代写代做 CS编程辅导

4 REQUEST IDENTIFIER

Request Name (required)

Create a brief title for your research plan



5 REQUESTING INVESTIGATOR INFORMATION

Name

WeChat: cstutorcs

Address
(required)

Assignment Project Exam Help

Title

Institution

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Email

Department

Website

Phone
(Required)

Fax

程序代写代做 CS编程辅导



WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Recipient Information

Institution type (required)

- Non-Profit Organization
- Commercial Organization
- Academic

Is funding currently available for this research? (required)

If yes, please [upload](#) documentation of primary funding

- Yes
- No

程序代写代做 CS 编程辅导

Number of years in scientific research

Approximately how many years has the lead investigator been involved in scientific research?

- 0-5



If funding is not yet available, please indicate anticipated primary funding source

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

6 SPECIMEN SHIPPING INFORMATION

Will the results be used for a commercial purpose? (required)

- Yes
- No

Shipping Address

Note: All specimens will be shipped to the above address. Spec
office box.



Tutor CS

Fedex Acct.

#

Shipping PO

#

Lab Contact
Name

Lab Contact
Email

Lab Contact Phone
Number

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Request Details

Number of Specimens (required)

Approximate count of specimens required for your study.

程序代写代做 CS 编程辅导

Material Type (required)



Minimum volume (or mass if requesting DNA) (req)

Please include units

Optimum volume (or mass if requesting DNA) (req)

Please include units.

Specimen requirements

Describe any additional requirements pertaining to the biospecimens themselves, such as anticoagulant used, additives, preservatives, etc.

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Subject characteristics

Describe the characteristics of the subjects to be searched for available specimens. Criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.

程序代写代做 CS编程辅导



Research Plan: Describe this request, including a brief overview of your research needs, rationale, main hypothesis and proposed research aims (required)

A brief overview of your research needs

WeChat: cstutorcs
Assignment Project Exam Help

Scientific background and rationale

Provide the research protocol background, objectives and hypotheses

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Analyte(s) or parameter(s) to be tested (required)

Describe the assay(s) to be performed and include any test volume requirements.

程序代写代做 CS编程辅导



Type of assay(s)/ platform(s) to be used (required)

Describe the assay kit(s)/platform(s) to be used, if applicable.

WeChat: cstutorcs
Assignment Project Exam Help

Rationale for number of biospecimens requested, including power calculations, and describe the use of covariates, if applicable (required)

Email: tutorcs@163.com

Also describe your intended use of covariates from study datasets, if applicable.

QQ: 749389476

<https://tutorcs.com>

Approved Users

Approved user #1

Name

Email

| | |
|--|----------------|
| | 程序代写代做 CS 编程辅导 |
|--|----------------|

Approved user #2

Name

Email

| | |
|--|--|
| | |
|--|--|

Approved user #3

Name

Email

| | |
|--|--|
| | |
|--|--|

Approved user #4

Name

Email

| | |
|--|--|
| | |
|--|--|

Information Security: Please check the information security practices to be used (required)

Study data must be maintained in a secure and controlled environment

- Institute supported, controlled access server
- Institute supported, password protected desktop computer
- Encrypted, password protected laptop computer
- Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
- Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

程序代写代做 CS 编程辅导

SAMPLE

Comments

程序代写代做 CS编程辅导



Upload checklist

- I have uploaded Institutional sign of  roving research
- I have uploaded documentation of primary funding

7 ATTACH FILES

WeChat: cstutorcs

You may use this section to upload files relevant to your request. There are no restrictions on file types. If you answered "Yes" to the "Is funding currently available for this research?" question above, then please upload documentation of primary funding.

Assignment Project Exam Help

File

Size

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

Attachments

Submit Request

Save For Later

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0647). Do not return the completed form to this address.

Privacy Act Notification: Information collected as part of the data use agreement, data request forms, and distribution agreements may be made public in part or in whole for tracking and reporting purposes. This Privacy Act Notification is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5 U.S.C. Section 552a. Authority for the collection of the information requested comes from the authorities regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions (42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and

Section 301 and 493 of the Public Health Service Act. (https://oma.od.nih.gov/forms/Privacy%20Documents/HHS/NIH/OD.) The primary uses of this information are to monitor and evaluate the submission of data from clinical, basic, and population-based research activities and to notify Submitters in the event a potential problem is identified or in the event of updates or other changes to the database. The Federal Privacy Act protects the confidentiality of the Submitter's NIH records. In addition, the Act allows the release of some information in the Submitter's records without the Submitter's consent, for example, if it is requested by members of Congress or other authorized individuals. The information requested is voluntary, but necessary for o



WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

SAMPLE

APPENDIX 8: NICHD RESEARCH MATERIALS DISTRIBUTION AGREEMENT (RMDA)

程序代写代做 CS编程辅导

8 INTRODUCTION AND DEFINITIONS

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the RECIPIENT Organization (RECIPIENT) and the National Children's Study (NCS) (hereinafter referred to as "STUDY") hereby enter into this Research Materials Distribution Agreement (RMDA) as of the effective date specified in the NCS Clinical Study Protocol.

The Research Materials and Research Plan contained in this RMDA are:

Name of Clinical Study: The National Children's Study Title of

Research Plan:

Research Materials Requested:

Research Plan includes a Commercial Purpose: Name of

Principal Investigator (PI):

Email of Principal Investigator (PI):

Name of Other Approved Users at PI's Institution:

The Research Materials are provided through the NCS Vanguard Data and Sample Archive and Access System. The Center was established by the NICHD to develop and maintain the infrastructure necessary to facilitate and maximize access to Research Materials from NICHD-sponsored studies in accordance with NICHD approved procedures.

WeChat: cstutorcs
Email: tutorcs@163.com
QQ: 749389476

The Research Materials were collected as part of the above clinical study; hereafter referred to as "STUDY." They constitute a unique scientific resource and the NICHD is committed to making them available in a timely manner, on appropriate terms and conditions, to the largest possible number of qualified investigators who wish to analyze the materials in a secondary study designed to enhance the public health benefit of the original work. The RECIPIENT and PI acknowledge responsibility for ensuring the review of and agreement to the terms within this RMDA and the appropriate research use of the Research Materials, subject to applicable laws and regulations.

The RECIPIENT and PI acknowledge that other researchers are entitled to access to the Research Materials on the same terms as RECIPIENT so that duplication of research may occur. RECIPIENT and PI also recognize that the STUDY Investigators have made a substantial long-term contribution in establishing the Research Materials and the NICHD encourages appropriate collaborative relationships by outside investigators with the STUDY Investigators and proper acknowledgement of their contributions.

The NICHD believes that the confidentiality and privacy of the STUDY participants can best be assured by requiring all who are interested in accessing the Research materials to acknowledge their review of this RMDA and agree to adhere to its provisions. Violation of its confidentiality provisions could lead to legal action on the part of STUDY participants, their families, or the U.S. Government.

Note: RECIPIENT requests access to NICHD Research Materials for its PI at its sole risk.

For the purpose of this agreement

"RECIPIENT" is any organization that is seeking access to STUDY Research Materials, and may be a:

- Public/State Controlled Institution of Higher Education;
- Private Institution of Higher Education;
- Nonprofit organization with 501(c)(3) IRS Status (Other than Institution of Higher Education);
- Nonprofit Organization without 501(c)(3) IRS Status (Other than Institution of Higher Education);

- State Government;
- Government of a U.S. Territory or Possession;
 - Non-domestic (non-U.S.) Entity (Foreign Organization);
 - or Eligible Agency of the U.S. Government.

"Principal Investigator (PI)" is an individual judged by the RECIPIENT to have the appropriate level of authority and responsibility to lead the scientific investigation proposed in the Research Plan using the requested materials, oversee the supporting staff who are provided access to the Research Materials and contribute to the analytic effort and public disclosure of STUDY results, and assume responsibility for members' compliance with the terms and conditions of this RMDA.

"APPROVED USERS" are all individuals listed in the Research Plan, including the PI. Only individuals listed in the Research Plan may have access to the Research Materials.

"Research Plan" is a description of the research effort. The Research Plan includes the project title, the RECIPIENT's name, the PI's name, the name of other APPROVED USERS, and the proposed methods with the research objectives and design. For plans including biological and/or environmental samples, the material type, number, minimum volume, and required characteristics needed to meet the objectives of the protocol must also be included.

"Research Materials" are the requested materials covered by this RMDA and may include STUDY data, defined as clinical or epidemiologic subject data, and/or STUDY biological and/or environmental samples. STUDY samples may have associated characterization data serve to describe STUDY samples only and are not considered to be STUDY data; they are exempt from STUDY data requirements that may be described elsewhere in this RMDA.

"STUDY" is the clinical study that collected the Research Materials described in this RMDA.

"STUDY Investigator" is a research investigator with a current or previous grant, contract, or consulting agreement from the NICHD, or one of its contractors, to work on the STUDY.

**WeChat: cstutorcs
Assignment Project Exam Help
Email: tutorcs@163.com**

9 Terms of Access

1. Research Use

The RECIPIENT and APPROVED USERS agree that they will use the Research Materials solely in connection with the research project described in the Research Plan named in this RMDA. Substantive modifications to the research project will require submission of a revised RMDA.

2. Institutional and Approved User Responsibilities

RECIPIENT and APPROVED USERS acknowledge that RECIPIENT's Institutional Review Board (IRB) has reviewed the RESEARCH PLAN and either approved it or determined that it is exempt from review. RECIPIENT certifies that its IRB is operating under an Office of Human Research Protections (OHRP)-approved Assurance and in accordance with Department of Health and Human Services regulations at 45 CFR Part 46. RECIPIENT and APPROVED USERS agree to comply fully with all such conditions.

RECIPIENT and APPROVED USERS agree to report promptly to the NICHD any proposed change in the Research Plan and any unanticipated problems involving risks to subjects or others. Changes to the Research Plan include changes in the APPROVED USERS list. This RMDA is made in addition to, and does not supersede, any of RECIPIENT's institutional policies or any local, State, and/or Federal laws and regulations that provide additional protections for human subjects.

Evidence of local IRB review and/or approval (where appropriate) from an expedited or convened review to conduct the Research Plan with the requested STUDY data must be included in a supplemental Adobe PDF document that will be uploaded during the application process and attached to the RMDA form.

10 Certification of Compliance with Safety Standards

The RECIPIENT and APPROVED USERS acknowledge that all biospecimens distributed under this RMDA may be potentially biohazardous even when they are not specifically designated as such. The PI understands, along with the RECIPIENT, that the requested biospecimens may pose health risks to persons handling or in the vicinity of the biospecimens, the environment, and the community.

The PI certifies that all APPROVED

- Are cognizant of and will employ safe laboratory practices, equipment, and facilities.
- Will comply with all applicable government health and safety regulations and the guidelines detailed in: Biosafety in Microbiological Laboratories, 5th Edition, HHS Publication No. (CDC) 21-1112, December 2009, or the most recent revision.



3. Public Posting of Approved User's Research Use Statement

The RECIPIENT and PI agree that information about the proposed research use can be posted on a public web site that describes the project(s) included in the RESEARCH PLAN. The information will include the PI's name, RECIPIENT institution, project title, and a brief summary of the research. In addition, citations resulting from the use of Research Materials may be posted on the NCS Vanguard Data and Sample Archive and Access System Website.

4. Non-Identification

The PI agrees not to use the Research Materials, either alone or in concert with any other information, to identify or contact individual STUDY subjects without specific approval to contact STUDY subjects obtained from the IRB(s) responsible for the STUDY.

5. Non-Transferability of Research Materials

The RECIPIENT and PI agree to retain control over the Research Materials, and further agree not to release or distribute Research Materials in any form to any entity or individuals not specified in the Research Plan described in the Request. The RECIPIENT and PI agree to store Research Material data on a computer with adequate security controls (see Section 6), and to maintain appropriate control over the Research Materials at all times. Research Materials data containing individual-level information, in whole or in part, may not be transferred or sold to any entity or individual at any point in time for any purpose.

The PI agrees that if his or her relationship with the RECIPIENT terminates and a relationship with a different RECIPIENT is established during the period of the RMDA, a new RMDA from the second RECIPIENT will be submitted and approved before the PI resumes use of the Research Materials. Any versions of Research Material data stored at the first RECIPIENT will be destroyed and their destruction documented. However, if advance written notice and approval by the NICHD Program Office is obtained to transfer responsibility for the approved Research Plan to a different PI with a relationship with the first RECIPIENT, the Research Material data may not need to be destroyed.

6. Security of Research Materials

The RECIPIENT and PI agree to store Research Material data on a computer with security controls adequate to protect sensitive or identifiable information, to ensure that only approved, supervised persons have access to the Research Material, and to maintain appropriate control over the Research Materials at all times. Hard copies of any Research Material or related data must similarly be stored under conditions sufficiently secure to avoid inappropriate access, and shredded prior to discarding.

This RMDA will be in effect for a period of three (3) years from its effective date for the requested STUDY data set. At the end of the three (3) year period, the RECIPIENT and PI agree to destroy all copies of the STUDY data, and all derivatives that

contain individual-level information,. Characterization data associated with the STUDY biological and/or environmental samples are exempt from this requirement.

An extension of this RMDA may be permitted by the NICHD upon submission by the PI and RECIPIENT of evidence of IRB approval for the extended period.

程序代写代做 CS编程辅导

7. Intellectual Property (IP)

By requesting access to the STUDY through the NCS Vanguard Data and Sample Archive and Access System, the RECIPIENT and APPROVED USERS acknowledge the intent of the NICHD to see that anyone authorized to access the STUDY through the attached Research Plan, follow the intellectual property principles within the NIH Guide for Grants Policy (<http://grants.nih.gov/grants/guide/notices/NOT-OD-14-124.html>; Notice Number: NOT-OD-14-124).

Achieving maximum public benefit through the NCS Vanguard Data and Sample Archive and Access System involves that Research Materials, such as those covered by this RMDA, should be considered as pre-compiled and thus not subject to IP claims derived directly from the STUDY Research Materials. However, the NICHD also recognizes the importance of obtaining IP rights for downstream discoveries, especially in therapeutics, that may be necessary to support full investment in products to benefit the public.

It is expected that these NICHD-provided data, and conclusions derived therefrom, will remain freely available, without requirement for licensing. The NICHD encourages broad use of shared Research Materials coupled with a responsible approach to management of IP derived from downstream discoveries in a manner consistent with the NIH's Best Practices for the Licensing of Genomic Inventions (<http://www.ott.nih.gov/sites/default/files/documents/pdfs/70fr18413.pdf>) and the NIH Research Tools Policy (<http://grants.nih.gov/grants/intellectual-property/6-FR7209.pdf>).

8. Acknowledgement of NICHD Research Resources

RECIPIENT and APPROVED USERS agree to acknowledge the contribution of the STUDY in all oral and written presentations, disclosures, or publications resulting from any analyses conducted on the STUDY Research Materials.

APPROVED USERS will acknowledge the source of the data by including language similar to the following either in the acknowledgment or in the text of the manuscript: "This Manuscript was prepared using National Children's Study Research Materials obtained from the NCS Vanguard Data and Sample Archive and Access System and does not necessarily reflect the opinions or views of the National Children's Study or the NICHD." Manuscripts and abstracts resulting from the Research Plan should not use the name of the STUDY in the title of the manuscript/abstract unless the title clearly denotes the source of the Research Materials as being from the NCS Vanguard Data and Sample Archive and Access System (e.g., "...An investigation using the National Children's Study").

The RECIPIENT and PI agree to ensure that all APPROVED USERS will not include in any manuscripts derived from Research Materials any case studies that describe the characteristics of individual participants, or groups of fewer than 10 participants.

9. Research Use Reporting

It is expected that any new individual level data that are produced under this research plan will be provided back to the archive for addition to study resources. This shall be completed before the expiration of the RMDA.

10. Non-Endorsement, Indemnification

The RECIPIENT and PI acknowledge that although all reasonable efforts have been taken to ensure the accuracy and reliability of Research Materials, the NICHD, and STUDY Investigators do not and cannot warrant the results that may be obtained by using any Research Materials included therein. The NICHD and all contributors to these Research Materials disclaim all warranties as to performance or fitness of the Research Materials for any particular purpose.

No indemnification for any loss, claim, damage or liability is intended or provided by any party under this agreement. Each party shall be liable for any loss, claim, damage, or liability that said party incurs as a result of its activities under this

agreement, except that the NIH, as an agency of the United States, assumes liability only to the extent provided under the Federal Tort Claims Act, 28 U.S.C. 2671 et seq.

11. Termination and Violations

程序代写代做 CS 编程辅导

The NICHD may terminate this agreement if RECIPIENT or APPROVED USERS are in default of any of its conditions and such default has not been remedied within 30 days after the date of written notice of such default by an authorized representative of the NICHD. Past violations will be taken into account by the NICHD for future requests from the RECIPIENT and APPROVED USERS to access NICHD services.



12. Amendments

Amendments to this Agreement must be in writing and signed by authorized representatives of all parties.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0647). Do not return the completed form to this address.

Assignment Project Exam Help

Privacy Act Notification: Information collected as part of the data use agreement, data request forms, and distribution agreement may be made public in part or in whole for tracking and reporting purposes. This Privacy Act Notification is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5 U.S.C. Section 552a. Authority for the collection of the information requested comes from the authorities regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions (42 U.S.C. 203, 241, 289I-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. These records will be maintained in accordance with the Privacy Act System of Record Notice 09-25-0156 09-25-0200 (<https://oma.od.nih.gov/forms/Privacy%20Documents/PAfiles/0200.htm>) covering "Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/OD." The primary uses of this information are to document, track, and monitor and evaluate the submission of data from clinical, basic, and population-based research activities and to notify submitters in the event a potential error in the dataset is identified or in the event of updates or other changes to the database. The Federal Privacy Act protects the confidentiality of the Submitter's NIH records. The NIH will use the information collected for the purposes described above. In addition, the Act allows the release of some information in the Submitter's records without the Submitter's permission; for example, if it is requested by members of Congress or other authorized individuals. The information requested is voluntary, but necessary for obtaining access to data and samples in the NCS Archive.

Email: tutors@163.com

QQ: 749389476

<https://tutorscs.com>

SAMPLE

Signatures Page

By submission of the RMDA, the RECIPIENT and PI attest to the APPROVED USERS qualifications for access to and use of STUDY Research Materials and certify their agreement to the NICHD's principles, policies, and procedures for the use of Research Materials as articulated in this document.

This Agreement is entered into as of: _____



BY RECIPIENT:

Name of RECIPIENT Institution: _____

Name and Title of RECIPIENT's Authorized Institutional Business Official*:

Signature and Date of RECIPIENT's Authorized Institutional Business Official*:

Mail address of Authorized Institutional Business Official*:

* Authorized Institutional Business/Signing Official is an individual with the authority to enter into business transactions on behalf of the RECIPIENT.

Email: tutorcs@163.com

BY REQUESTING INVESTIGATOR:

Name: _____

Title: _____

Surface Mail Address: _____

E-Mail Address: _____

Telephone Number: _____

Fax Number: Signature _____

and Date: _____

BY NICHD AUTHORIZED REPRESENTATIVE:

Name and Title: Signature and Date: _____

APPENDIX 9: GLOSSARY OF TERMS

程序代写代做 CS 编程辅导

Acceptability: The impact of each Study visit and each assessment on the participants, Study personnel, and Study infrastructure.

Advisory Committee: A chartered federal advisory committee established to assist the Office of the Director, NIH, in the making of major plans and decisions.



Working Group (ACDWG): A working group of the NIH established to assist the Office of the Director, NIH, in the making of major plans and decisions related to the allocation of NIH funds and resources.

Alternate Recruitment:

See *Recruitment Strategy/Recruitment Schema* below.

Anthropometric Data: Physical measurements of body size, shape, and composition such as height or weight, waist circumference, skinfold thickness, etc.

WeChat: cstutorcs

Biospecimen: A sample of biological material taken from the human body, such as blood, plasma, urine, saliva, tissue, etc.

Centers for Disease Control and Prevention (CDC): The CDC is a federal agency within the U.S. Department of Health and Human Services. Its main goal is to protect public health and safety through the control and prevention of disease, injury, and disability.

Email: tutorcs@163.com

Cognitive Assessment: A test of one's thinking capabilities. Cognitive function includes the processes by which an individual perceives, registers, stores, retrieves, and uses information.

Computer Assisted Personal Interview (CAPI): An interviewing technique in which the study participant or the interviewer uses a computer to administer questions and capture the answers.

Direct Outreach Recruitment (DO): Also known as Two-tiered (or Hi/Lo) Recruitment Strategy, "Direct Outreach" is a preferred term to describe this strategy that uses marketing, direct mail, and other referral techniques to enroll a broad-based population in larger geographic areas (SSUs) beyond the predefined geographic segments. The approach is similar in concept to the U.S. Census Short Form and Long Form, or the Canadian Longitudinal Study on Aging. The Low Intensity National Children's Study provides participants with web-based, mail-in, or telephone-based brief questionnaires administered at about every 6 months. From the pool of participants in the Low Intensity protocol, those living in predefined geographic segments (TSUs) are invited to participate in the High Intensity protocol, which follows the Study visit schedule as that of the other recruitment strategies, namely the EH and PB.

Enhanced Household-based Recruitment (EHBR): During recruitment, this strategy utilized field workers who entered predefined geographic segments and contacted individuals and families at their residence. This strategy is similar to that used by the initial seven Vanguard Centers, but was enhanced through application of best practices from experience, targeted marketing campaigns, enhancement of additional sources of referral into the Study(such as health care providers, social clubs and organizations), and public events, as well as streamlined enrollment procedures.

Enrolled: refers to participant who consented to participate in the Study

Environmental Protection Agency (EPA): The United States Environmental Protection Agency (EPA) is an agency of the U.S. federal government which was created for the purpose of protecting human health and the environment.

Feasibility: Assessment of the practicality or performance of an aspect of the Study visits logistics or infrastructure.

High Intensity/Low Intensity Model (Hi/Lo): Also known as Two-tiered Recruitment Strategy. *See also Direct Outreach Recruitment (DO).*

Information Management System (IMS): An integrated system or set of systems consisting of hardware, software, connectivity, and business rules that provides secure administrative, computational, telecommunications, and data collection and transmission functions.

Initial Vanguard Study (IVS): The very first phase of the Vanguard Study, intended to serve as a pilot to inform the planning of the National Children's Study Main Study. In the context of Vanguard Study data, IVS refers to data collected in seven PSUs from January 2009 to September 2010, when the IVS ended. The IVS recruitment was based on area probability household sampling.

Email: tutorcs@163.com

Institutional Review Board (IRB): A committee established to review and approve research involving human subjects, to assure that the research is conducted in accordance with all federal, institutional, and ethical guidelines.

QQ: [749389476](https://tutorcs.com)

National Academy of Sciences (NAS): A private non-profit organization in the United States established by an Act of Congress and charged with providing independent, objective advice to the nation on matters related to science and technology.

https://tutorcs.com

National Children's Study (NCS): A longitudinal study to examine the effects of the environment and gene-environment interaction on the growth, development, and health of children across the United States from before birth until age 21 years.

National Institute of Child Health and Human Development (NICHD): One of the National Institutes of Health (NIH) and part of the United States Department of Health and Human Services, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development funds and conducts research on topics related to the health of children, adults, families, and populations.

Neuropsychosocial: Refers to the combination of neurological, psychological and social factors, which affect and are affected by one another.

Office of Management and Budget (OMB): An office within the Executive Office of the President that oversees the activities of federal agencies in the United States. The Paperwork

Reduction Act of 1980 established The Office of Information and Regulatory Affairs within OMB to review requests it receives from federal agencies to collect information from the public.

Personally Identifiable Information (PII): Information about an individual including (1) any information that can be used directly or indirectly to identify or trace an individual's identity, such as name, social security number, date of birth, mother's maiden name, or biometric records; and (2) any other information that is reasonably linkable to an individual, such as medical, educational, financial, and employment information.

Post Recruitment Phase: Refers to the final phase of the NCS Vanguard from March 2014 through December 2015. New enrollments were allowed during this phase and a common set of protocols was administered to all study participants in all study locations.

Pregnancy Probability Group (PPG): A status assigned to age-eligible women identified during recruitment who are not pregnant but likely to become pregnant. In the Initial Vanguard Study, women were assigned to low, medium, high tryer (i.e., trying to become pregnant) or high non-tryer PPG status based on responses to a series of questions. The PPG status determined the periodicity of follow-up calls to determine if women became pregnant. If their PPG status changed, in the Alternate Recruitment Strategy phase, PPG status changed to tryer or non-tryer only.

Pregnancy Visit 1: First visit among pregnant enrolled women in ARS and PBS. Different from the pregnancy visit terminology used in the IVS (equivalent to T1First or T3First visits in IVS).

Pregnancy Visit 2: Second visit among pregnant enrolled women in ARS and PBS (equivalent to T3Prior in IVS).

Primary Sampling Units (PSUs): Individual components into which the target population is divided for the first sampling stage. In the National Children's Study, PSUs correspond roughly to U.S. counties.

Probability Sampling: A sampling methodology where every person in the target population has a chance of being selected into the Study, and this probability can be calculated. Examples of probability sampling methodology are simple random sampling, systematic sampling, stratified sampling, sampling with probability proportionate to size, and multi-stage sampling.

Program Office (PO): Refers to the National Children's Study Program Office.

Provider-based Recruitment (PBR): Alternate Recruitment Substudy strategy in which women are recruited from health care providers in contact with women who are or may become pregnant. Women who reside in predefined geographic segments are recruited from prenatal care provider offices.

Provider-based Sampling Feasibility Substudy (PBS): An arm of the Vanguard Study. Provider-based Sampling arm features include (1) county as the Primary Sampling Unit (PSU),

(2) providers of prenatal care as the Secondary Sampling Units (SSUs), and (3) recruitment of participants from selected providers with eligibility criteria based on confirmed pregnancy, age, and residence in the sampled PSU. This approach eliminates the recruitment limitation of requiring participants to reside within predefined geographic segments, and instead bases the geographic eligibility primarily within the PSU. Three counties participated in this feasibility substudy.

PubMed: A free search engine that primarily accesses the MEDLINE database of references and abstracts on biomedical topics. The United States National Library of Medicine (NLM) at the National Institutes of Health maintains the database.

Recruitment Strategy: A recruitment methodology evaluated for the NCS. The NCS recruitment strategies were: Household based recruitment (Initial Vanguard Study [IVS]), Provider-based Recruitment (PBR), Enhanced Household-based Recruitment (EHBR), Direct Outreach (DO), also known as Two-tiered Recruitment (High Intensity/Low Intensity), and Provider Based Sampling (PBS).

Regional Operations Centers (ROC): Contract research organizations responsible for participant retention and data collection within the given study locations divided into four regions (East, Central, South, and West).

Research Materials Distribution Agreement (RDMA): Agreement with the NICHD governing data and sample use.

Sampling: The selection of a subset of individuals from a population to estimate selected characteristics of the target population.

QQ: 749389476

Sampling Frame: A listing of the target population from which a sample can be drawn.

Self-administered Questionnaire (SAQ): A type of questionnaire, either in paper or electronic form, that a respondent completes on his/her own without intervention of the researchers (for example, an interviewer) collecting the data.

Secondary Sampling Units (SSUs): Units sampled directly within primary sampling units in a multi-stage sample.

Segments: In a multi-stage probability sample, primary sampling units (PSUs) are divided into smaller geographic areas called secondary sampling units (SSUs) or segments. In the National Children's Study, the boundaries for these segments correspond to "neighborhoods or communities". In Direct Outreach Strategy where three levels of sampling stages exist, tertiary sampling units (TSUs) form the sampled segments. In PBS there were no segments, only PSUs (which are counties).

Study Population: The individuals that are selected from the target population for participation in the Study.



WeChat: cstutores

Email: tutorcs@163.com

QQ: 749389476

https://tutorcs.com

Study Visits: Encounters of Study participants with Study personnel for the purpose of collecting data and/or material.

程序代写代做 CS 编程辅导

Substudies: Focused clinical research studies that integrate with the Vanguard or Main Study.

T1 First: Designation of the first Vanguard Study for the first trimester visit among enrolled women (equivalent to Pregnancy Visit 1 in the ARS phase).



T3 First: Designation of the third Vanguard Study for the third trimester visit among women who have no previous first trimester visit (equivalent to Pregnancy Visit 1 in the ARS phase).



Vanguard Study Locations: The counties (or in sparsely populated areas, groups of contiguous counties) that were selected as primary sampling units in the first stage of sampling. They are the areas from which Study participants were recruited in the Vanguard Study and in which most of the community level data collections occur.

Vanguard Study/Vanguard Phase: The pilot phase of the National Children's Study, designed to study the feasibility, acceptability, and cost of methodological, operational, and logistic activities, recruitment-related activities, and Study visit assessments, for the purpose of informing the Main Study. Refers to all Vanguard Study locations.

Visit Assessment: The various data collections performed at Study visits, including tests, physical measurements, interviews, questionnaires, biospecimens, and environmental samples.

QQ: 749389476

<https://tutorcs.com>

APPENDIX 10: GLOSSARY OF ABBREVIATIONS

程序代写代做 CS 编程辅导

ACDWG - Advisory Committee the Director

ARS - Alternate Interview



CAPI - Computer Assisted Personal Interview

CDC - Centers for Disease Control and Prevention

DO - Direct Outreach

EHBR - Enhanced Household-based Recruitment

EPA - Environmental Protection Agency

HI/LI - High Intensity/Low Intensity data collection

IMS - Information Management System

IRB - Institutional Review Board

IVS - Initial Vanguard Study

NAS - National Academy of Sciences

QQ: 749389476

NCS - National Children's Study

NICHD - National Institute of Child Health and Human Development

https://tutorcs.com

OMB – Office of Management and Budget

PBR - Provider-Based Recruitment

PBS - Provider-Based Sampling

PII - Personally Identifiable Information

PL - Provider Location

PSU - Primary Sampling Unit

PV - Pregnancy Visit

ROC - Regional Operations Center

RMDA - Research Materials Distribution Agreement

程序代写代做 CS 编程辅导

SC - Study Centers

SAQ - Self-administered Learning Questionnaire



SSU - Secondary

TSU - Tertiary

VS - Vanguard

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

APPENDIX 11: SAMPLE CHARACTERIZATION INFORMATION

Characterization Information for NCS Repository Samples with Inventory Codes 55000 or Greater as of July 2017



Biological Samples

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type | |
|---------------------|--------------------------|---------------|--------------------------------------|-------------------|------------------------|---------------------|---------------------------------|--|-------------|-----------------------------|--------|
| Blood | Pre-birth | T3M, T1F, PV1 | ACD Tube | AD10 | 8.5mL | ambient | Whole Blood with 20% DMSO/RPMI | 2.0mL | VPLN | IVS , ARS Mother, Father | |
| Saliva | Post-birth | 36M Adult | Saliva-Salimetrics swab | AS30 | Frozen | Saliva | 0.5mL | -80°C | ARS | Adult | |
| Blood | Birth | Birth Child | Blood Spot Card (Protein Saver Card) | B009 | 75uL per spot | Frozen | Whole Blood (903 Protein Saver) | 1 drop of blood per spot from heel stick | 25°C | IVS | Child |
| Blood | Birth | Birth Child | Blood Spot Card (FTA Card) | B010 | 75uL per spot | Ambient | Whole Blood (FTA) | 1 drop of blood per spot from heel stick | -20°C | IVS | Child |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM01 | 120mL capacity | Frozen | Breast Milk | 0.2mL + 0.6mL 4% perchloric acid | VPLN | IVS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM01 | 120mL capacity | Frozen | Breast Milk | Various, 0.5-5mL | VPLN | IVS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM01 | 120mL capacity | Frozen | Breast Milk | 4mL (prescreened) | VPLN | IVS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM01 | 120mL capacity | Frozen | Breast Milk | 10mL (prescreened) | VPLN | IVS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM01 | 120mL capacity | Frozen | Breast Milk | 10mL (prescreened) | VPLN | IVS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM10 | 120mL capacity | Frozen | Breast Milk | 0.2mL + 0.6mL 4% perchloric acid | VPLN | ARS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM20 | 120mL capacity | Frozen | Breast Milk | Various, 0.5-5mL | VPLN | ARS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM20 | 120mL capacity | Frozen | Breast Milk | 4mL (prescreened) | VPLN | ARS | Mother |
| Breast milk | Post-birth | 1M, 3M Mother | Urine Collection Container | BM20 | 120mL capacity | Frozen | Breast Milk | 10mL (prescreened) | VPLN | ARS | Mother |

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|--------------------|-----------------------------------|----------------------------|------------------------|------------------------|----------------------|--------------------------------------|---------------------|-------------|------------------|
| Urine | Post-birth | 6M Child | Urine Collection Container | BU01 | 120mL capacity | Frozen | Urine | Various, 0.5-8mL (prescreened) | VPLN | IVS | Child |
| Urine | Post-birth | 6M, 12M, 36M Child | Urine Collection Container | BU20 | 120mL capacity | Frozen | Urine | Various, 0.5-8mL (prescreened) | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Plasma | Various, 0.5-1.5mL | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Plasma | 4mL (prescreened) | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Whole blood | 1mL (prescreened) | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Whole blood | 2.0mL (prescreened) | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Whole blood | 0.5mL | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | 902 Blood spot cards | 0.075mL per spot | -20°C | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-CPD | CB01 | 210mL capacity | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | IVS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB01 | 210mL capacity | 2 - 8°C | plasma | Various, 0.5-1.5mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | plasma | 4mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | Whole blood | 1mL (prescreened) | VPLN | ARS | Child |

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|-----------------|-----------------------------------|----------------------------|------------------------|------------------------|----------------------|--------------------------------------|---------------------|-------------|------------------|
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | Whole blood | 2.0mL (prescreened) | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | Whole blood | 0.5mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | ARS | Child |
| Blood | Birth | Birth Child | Cord Blood Collection Bag-Heparin | CB11 | 210mL capacity | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | ARS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | plasma | 0.5mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | Whole blood | 0.2mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6mL | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | Buffy coat | 1.25mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | RBCs | 1.25mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood-Lavender Top Tube | CB17 | 6-10mL | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood- Red Top Tube | CB18 | 10 mL | 2 - 8°C | Serum | 0.5mL | VPLN | PBS | Child |
| Blood | Birth | PBS Birth Child | Cord blood- Red Top Tube | CB18 | 10 mL | 2 - 8°C | Serum | 0.5mL (amber) | VPLN | PBS | Child |
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | Plasma | 0.5mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | Whole blood | 0.2mL | VPLN | ARS | Child |
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | ARS | Child |

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|-----------------------------------|--------------------------------------|----------------------------|------------------------|------------------------|---------------------------------|--|---------------------|-------------|------------------|
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | ARS | Child |
| Blood | Birth | Birth Child | Cord Stick Lavender Top Tube | CL10 | 6-10mL | 2 - 8°C | FIA Blood spot cards | 0.075mL per spot | 25°C | ARS | Child |
| Saliva | Post-birth | 12M Child | Saliva-Oragene (1.5mL) | CS20 | 1.5mL | Ambient | Saliva | 0.75mL | -20°C | ARS | Child |
| Saliva | Post-birth | 12M Child | Saliva-Oragene (1.5mL) | | | Ambient | Saliva | 0.75mL | -20°C | ARS | Child |
| Saliva | Post-birth | 36M Child | Saliva-Salimetrics swab | | | Frozen | Saliva | 0.5mL | -80°C | ARS | Child |
| Saliva | Post-birth | 36M Child | Saliva-Salimetrics swab | | | Frozen | Saliva | 0.5mL | -80°C | ARS | Child |
| Urine | Post-birth | 36M Child | Urine Collection Container | | | Frozen | Urine | 1.8mL + 20uL sulfamic acid (prescreened) | VPLN | ARS | Child |
| Urine | Post-birth | 36M Child | Urine Collection Container | CU20 | 120mL capacity | Frozen | Urine | Various, 0.5- 8mL (prescreened) | VPLN | ARS | Child |
| Infant Formula | Birth | Birth Mother | | FM01 | 5mL | Frozen | Formula | 5mL (prescreened) | VPLN | IVS | Mother |
| Hair | Pre-birth | P1M, T3M, T1F | bag | HR01 | 20 strands minimum | Ambient | Hair | bag | 25°C | IVS | Mother, Father |
| Blood | Birth | PBS Birth Child | Blood Spot Card (Protein Saver Card) | HS17 | 75uL per spot | Frozen | Whole Blood (903 Protein Saver) | 1 drop of blood per spot from heel stick | -20°C | PBS | Child |
| Blood | Pre-birth | P1M, T1M, BR-M, T1F | Lavender Top Tube (prescreened) | LP10 | 3mL | Frozen | Whole Blood | None | -20°C | IVS , ARS | Mother, Father |
| Blood | Post-birth | 36M Child | Lavender Top Tube (prescreened) | LP20 | 3mL | Frozen | Whole Blood | None | -20°C | ARS | Child |
| Blood | Post-birth | 36M Adult | Lavender Top Tube (prescreened) | LP40 | 3mL | Frozen | Whole Blood | None | -20°C | ARS | Adult |
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 6ml | 2 - 8°C | Plasma | 0.5mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 6mL | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 6ml | 2 - 8°C | Whole blood | 0.2mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 6mL | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 6mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | IVS , ARS | Mother |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|-----------------------------------|---------------------------|----------------------------|------------------------|------------------------|----------------------|--|---------------------|-------------|------------------|
| Blood | Pre-birth | P1M, T1M, T3M, Pre-preg, PV1, PV2 | Lavender Top Tube | LV10 | 程序代写代做CS编程辅导 | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | IVS , ARS | Mother |
| Blood | Pre-birth | T1F | Lavender Top Tube | LV11 | 6mL | 2 - 8°C | Plasma | 0.5mL | VPLN | IVS | Father |
| Blood | Pre-birth | T1F | Lavender Top Tube | LV11 | 6ml | 2 - 8°C | Buffy coat+ RBCs | 2.5mL | VPLN | IVS | Father |
| Blood | Pre-birth | T1F | Lavender Top Tube | LV11 | 6ml | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | IVS | Father |
| Blood | Pre-birth | T1F | Lavender Top Tube | LV11 | 6ml | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | IVS | Father |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV12 | 6mL | 2 - 8°C | Plasma | 0.5mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV12 | 6ml | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV17 | 6mL | 2 - 8°C | Buffy coat | 1.25mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV17 | 6mL | 2 - 8°C | RBCs | 1.25mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV17 | 6mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV17 | 6mL | 2 - 8°C | FTA Blood spot cards | 1 drop of blood per spot from heel stick | 25°C | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV18 | 6mL | 2 - 8°C | Plasma | 0.5mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV18 | 6mL | 2 - 8°C | Whole blood | 0.2mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV18 | 6mL | 2 - 8°C | Buffy coat | 1.25mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Lavender Top Tube | LV18 | 6mL | 2 - 8°C | RBCs | 1.25mL | VPLN | PBS | Mother |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | Plasma | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | Whole blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | Whole blood | 0.2mL | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | Buffy coat | 0.25mL | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | RBCs | 0.25mL | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | ARS | Child |
| Blood | Post-birth | 12M Child | Lavender Top Tube | LV21 | 3mL | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | ARS | Child |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|----------------------|--------------------------|--------------|---|----------------------------|------------------------|--|----------------------|---|---------------------|-------------|------------------|
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | Plasma | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | Whole Blood | 0.5mL + 1% Ascorbic Acid (amber) | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | Whole Blood | 0.25mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | Buffy coat | 0.25mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | RBCs | 0.75mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | ARS | Child |
| Blood | Post-birth | 36M Child | Lavender Top Tube | LV22 | 4mL | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | ARS | Child |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | Plasma | 0.5mL | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | Whole Blood | 0.1mL + 1mL 1% Ascorbic Acid (amber) | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | Whole Blood | 1.0mL | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | Buffy coat | 0.5mL | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | RBCs | 1.25mL | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | 903 Blood spot cards | 0.075mL per spot | -20°C | ARS | Adult |
| Blood | Post-birth | 36M Adult | Lavender Top Tube | LV30 | 6mL | 2 - 8°C | FTA Blood spot cards | 0.075mL per spot | 25°C | ARS | Adult |
| Meconium | Birth | Birth Child | various volume in 30mL para-pak container | MC01 | 30mL capacity | Frozen | Meconium | various volume in 30mL para-pak container | -80°C | IVS | Child |
| Nails | Pre-birth | T3M, T1F | bag | NI01 | nails | Ambient | Toe Nails | bag | 25°C | IVS | Mother, Father |
| Placenta (cord) | Birth | Birth Mother | Placental Tissue Sample | PC00 | placenta | Fresh Tissue - Refrigerated/Fixed Tissue - Ambient | Umbilical Cord | Block/Slide | 25°C | IVS | Mother |
| Placenta (membrane) | Birth | Birth Mother | Placental Tissue Sample | PC01 | placenta | Fresh Tissue - Refrigerated Fixed Tissue - Ambient | Membrane | Block/Slide | 25°C | IVS | Mother |

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|------------------------------|----------------------------|----------------------------|------------------------|---|---------------------|----------------------------|---------------------|-------------|------------------|
| Placenta | Birth | Birth Mother | Placental Tissue Sample | PC01 | placenta | Fresh Tissue - Refrigerated Fixed Tissue - Ambient | Placenta | Block/Slide | 25°C | IVS | Mother |
| Placenta | Birth | PBS Birth Mother | Placental Tissue Sample | | | Later | Placenta | None | -80°C | PBS | Mother |
| Placenta | Birth | PBS Birth Mother | Placental Tissue Sample | | | Later | Placenta | None | -80°C | PBS | Mother |
| Blood | Pre-birth | T1M, T3M, Pre-preg, PV1 | P100 Tube | | | 2 - 8°C | Plasma | 0.5mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, PV1, PV2 | Plasma Preparation Tube | | | 2 - 8°C | Plasma | 0.5mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | T3M, PV2 | PaxGene Tube | PX10 | 2.5mL | Frozen | Whole blood | None | -80°C | IVS , ARS | Mother |
| Blood | Post-birth | 36M Child | PaxGene Tube | PX20 | 2.5mL | Frozen | Whole blood | None | -80°C | ARS | Child |
| Blood | Post-birth | 36M Adult | PaxGene Tube | PX20 | 2.5mL | Frozen | Whole blood | None | -80°C | ARS | Adult |
| Blood | Pre-birth | PV2 | Royal blue EDTA serum tube | RB10 | 6mL | Frozen | Whole blood | None | -80°C | ARS | Mother |
| Blood | Pre-birth | P1M, T1M, Pre-preg, PV1, PV2 | Red Top Tube | RD10 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, Pre-preg, PV1, PV2 | Red Top Tube | RD10 | 10mL | 2 - 8°C | Serum | 0.5mL (amber) | VPLN | IVS , ARS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M | Red Top Tube | RD10 | 10mL | 2 - 8°C | Serum | 5mL (prescreened) | VPLN | IVS | Mother |
| Blood | Pre-birth | T1F | Red Top Tube | RD12 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | IVS | Father |
| Blood | Pre-birth | T1F | Red Top Tube | RD12 | 10mL | 2 - 8°C | Serum | 4.5mL (prescreened) | VPLN | IVS | Father |
| Blood | Pre-birth | T3M | Red Top Tube | RD13 | 10mL | 2 - 8°C | Serum | 0.25mL + 1mL MPA (amber) | VPLN | IVS | Mother |
| Blood | Pre-birth | T3M | Red Top Tube | RD13 | 10mL | 2 - 8°C | Serum | 0.5mL (amber) | VPLN | IVS | Mother |
| Blood | Pre-birth | T3M | Red Top Tube | RD13 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | IVS | Mother |
| Blood | Pre-birth | T3M | Red Top Tube | RD13 | 10mL | 2 - 8°C | Serum | 1mL (prescreened) | VPLN | IVS | Mother |
| Blood | Birth | Birth Mother | Red Top Tube | RD14 | 10mL | 2 - 8°C | Serum | 5mL (prescreened) | VPLN | IVS | Mother |
| Blood | Birth | Birth Mother | Red Top Tube | RD15 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | IVS | Mother |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|-------------------------|---------------------------|----------------------------|------------------------|------------------------|---------------------|----------------------------|---------------------|-------------|------------------|
| Blood | Birth | Birth Mother | Red Top Tube | RD15 | 10mL | 2 - 8°C | Serum | 4.5mL (prescreened) | VPLN | IVS | Mother |
| Blood | Birth | Birth Mother | Red Top Tube | RD16 | 10mL | 2 - 8°C | Serum | 5mL (prescreened) | VPLN | IVS | Mother |
| Blood | Birth | PBS Birth Mother | Red Top Tube | RD17 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Red Top Tube | RD18 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | PBS | Mother |
| Blood | Birth | PBS Birth Mother | Red Top Tube | RD19 | 10mL | 2 - 8°C | Serum | 4.5mL (prescreened) | VPLN | PBS | Mother |
| Blood | Post-birth | 12M Child | Red Top Tube | RD20 | 5mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Red Top Tube | RD21 | 5mL | 2 - 8°C | Serum | 0.5mL (amber) | VPLN | ARS | Child |
| Blood | Post-birth | 12M Child | Red Top Tube | RD22 | 5mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Red Top Tube | RD22 | 5mL | 2 - 8°C | Serum | 0.25mL + 1mL MPA (amber) | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Red Top Tube | RD22 | 5mL | 2 - 8°C | Serum | 0.5mL (amber) | VPLN | ARS | Child |
| Blood | Post-birth | 36M Child | Red Top Tube | RD22 | 5mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Adult | Red Top Tube | RD30 | 10mL | 2 - 8°C | Serum | 0.25mL + 1mL MPA (amber) | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Red Top Tube | RD30 | 10mL | 2 - 8°C | Serum | 1mL | VPLN | ARS | Adult |
| Blood | Post-birth | 36M Adult | Red Top Tube | RD30 | 10mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Adult |
| Saliva | Pre-birth | P1M, T1M, T3M, T1F | Saliva-Oragene | SB01 | 2mL | Ambient | Saliva | 2mL | -20°C | IVS | Mother, Father |
| Saliva | Pre-birth | P1M, T1M, T3M, T1F | Saliva-Oragene | SB01 | 2mL | Ambient | Saliva | 2mL | -20°C | IVS | Mother, Father |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL01 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL02 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL03 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL04 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL05 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Saliva | Pre-birth | T1M, T3M | 2mL cryovial | SL06 | 2mL | Frozen | Saliva | 2mL | VPLN | IVS | Mother |
| Blood | Pre-birth | P1M, T1M, T3M, PV1, PV2 | Serum Separator Tube | SS10 | 8.5mL | 2 - 8°C | Serum | 0.5mL | VPLN | IVS , ARS | Mother |
| Blood | Post-birth | 36M Child | Serum Separator Tube | SS20 | 3.5mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Child |
| Blood | Post-birth | 36M Adult | Serum Separator Tube | SS30 | 8.5mL | 2 - 8°C | Serum | 0.5mL | VPLN | ARS | Adult |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|-----------------------------------|----------------------------|--|------------------------|------------------------|---------------------|--|---------------------|------------------------------------|------------------|
| Urine | Pre-birth | T1M | Urine Collection Container | UR01 (old aliquot extensions) Aliquoting extensions Updated May 2009 | 120mL capacity | Frozen | Urine | 1mL | VPLN | IVS | Mother |
| Urine | Pre-birth | T1M | Urine Collection Container | UR01 (old aliquot extensions) Aliquoting extensions Updated May 2009 | 120mL capacity | Frozen | Urine | 1mL (prescreened) | VPLN | IVS | Mother |
| Urine | Pre-birth | T1M | Urine Collection Container | UR01 (old aliquot extensions) Aliquoting extensions Updated May 2009 | 120mL capacity | Frozen | Urine | 2mL (prescreened) | VPLN | IVS | Mother |
| Urine | Pre-birth | P1M, T1M, T3M, T1F, Pre-preg, PV2 | Urine Collection Container | UR01, UR02, PU01 | 120mL capacity | Frozen | Urine | 1.8mL + 20uL sulfamic acid (prescreened) | VPLN | IVS (UR01, UR02, PU01), ARS (UR01) | Mother, Father |
| Urine | Pre-birth | P1M, T1M, T3M, T1F, Pre-preg, PV2 | Urine Collection Container | UR01, UR02, PU01 | 120mL capacity | Frozen | Urine | 2.0mL (prescreened) | VPLN | IVS (UR01, UR02, PU01), ARS (UR01) | Mother, Father |
| Urine | Pre-birth | P1M, T1M, T3M, T1F, Pre-preg, PV2 | Urine Collection Container | UR01, UR02, PU01 | 120mL capacity | Frozen | Urine | Various, 0.5-5mL | VPLN | IVS (UR01, UR02, PU01), ARS (UR01) | Mother, Father |
| Urine | Pre-birth | P1M, T1M, T3M, T1F, Pre-preg, PV2 | Urine Collection Container | UR01, UR02, PU01 | 120mL capacity | Frozen | Urine | 8mL (prescreened) | VPLN | IVS (UR01, UR02, PU01), ARS (UR01) | Mother, Father |
| Urine | Birth | PBS Birth Mother | Urine Collection Container | UR17 | 120mL capacity | Frozen | Urine | 1.8mL + 20uL sulfamic acid (prescreened) | VPLN | PBS | Mother |

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Temperature at Receipt | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---------------------|--------------------------|---|----------------------------|----------------------------|--|------------------------|---------------------|----------------------------|---------------------|-------------|-----------------------|
| Urine | Birth | PBS Birth Mother | Urine Collection Container | UR17 | 120mL capacity | Frozen | Urine | 8mL (prescreened) | VPLN | PBS | Mother |
| Urine | Birth | PBS Birth Mother | Urine Collection Container | UR17 | 120mL capacity | Frozen | Urine | 2.0mL (prescreened) | VPLN | PBS | Mother |
| Urine | Birth | PBS Birth Mother | Urine Collection Container | UR17 | 120mL capacity | Frozen | Urine | Various, 0.5-5mL | VPLN | PBS | Mother |
| Urine | Post-birth | 36M Adult | Urine Collection Container | VL01 | 1.8mL + 20uL sulfamic acid (prescreened) | Frozen | Urine | VPLN | ARS | Adult | |
| Urine | Post-birth | 36M Adult | Urine Collection Container | VS01 | 8mL (prescreened) | Frozen | Urine | VPLN | ARS | Adult | |
| Urine | Post-birth | 36M Adult | Urine Collection Container | VS02 | 2.0mL (prescreened) | Frozen | Urine | VPLN | ARS | Adult | |
| Urine | Post-birth | 36M Adult | Urine Collection Container | PC17 | Various, 0.5-5mL | Frozen | Urine | VPLN | ARS | Adult | |
| Slide, vaginal | Pre-birth | P1M, T1M, T3M | Vaginal Slide Sample | VL01 | slide | Ambient | Vaginal Slide | Slide | 25°C | IVS | Mother |
| Swab, vaginal | Pre-birth | P1M, T1M, T3M | 5mL cryovial | VS01 | swab in 5mL vial | Frozen | Vaginal Swab | 1.0mL | VPLN | IVS | Mother |
| Swab, vaginal | Pre-birth | P1M, T1M, T3M | 5mL cryovial | VS02 | swab in 5mL vial | Frozen | Vaginal Swab | 1.0mL | VPLN | IVS | Mother |
| DNA | Birth | PBS Birth Mother | 2mL cryovial | PC17 | DNA extract from placenta | Frozen | DNA- 200 ng/ul | 50 ul | -80°C | PBS | Mother |
| DNA | | P1M, T1M, T3M, Pre-preg, PV1, PV2, T1F, Birth Child | 2mL cryovial | 7001, 7021 | RNA extract from mixed buffy coat | Frozen | DNA- 200 ng/ul | 50 ul | -80°C | IVS | Mother, Father, Child |
| RNA | Pre-birth | T3M, PV2 | 2mL cryovial | PX10 | RNA extract from whole blood | Frozen | RNA- 25 ng/ul | 40 ul | -80°C | IVS , ARS | Mother, Father |
| RNA | Birth | PBS Birth Mother | 2mL cryovial | PC17 | RNA extract from placenta | Frozen | RNA- 25 ng/ul | 40 ul | -80°C | PBS | Mother |

WeChat: cstutorcs

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

Abbreviations: 12M=12 months; 1M=1 month; 36M=36 months; 3M=3 months; 6M=6 months; ARS=Alternate Recruitment Substudy; BR-M=Birth-mother; CPD=citrate-phosphate-dextrose; DMSO=Dimethyl sulfoxide; EDTA=ethylene diamine tetraacetate; FTA=Flinders Technology Associates; HDPE=High-density polyethylene; IVS=Initial Vanguard Study; MPA= Metaphosphoric acid; P1M=First GL pre pregnancy visit in IVS; PBS=Provider-Based Sampling Substudy; PM2.5=fine particulate matter (<2.5 micron diameter); PV1=maternal first pregnancy visit in ARS; PV2=maternal second pregnancy visit in ARS; RPMI=Roswell Park Memorial Institute growth medium; SVOC=semi-volatile organic compounds; T1F=first trimester father visit in IVS; T1M=first trimester mother visit in IVS; T3M=third trimester mother visit in IVS; VPLN=vapor phase liquid nitrogen

<https://tutorcs.com>

Characterization Information for NCS Repository Samples with Inventory Counts of 10 or Greater as of July 2017

程序代写代做 CS 编程辅导

Environmental Samples



Allergens

WeChat: cstutorcs

Dust - Vacuum Bag

Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample Extent | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---|--------------------------|------------|---------------------------|----------------------|--|----------------------------|---------------------|-------------|------------------|
| Air – PM2.5 filter | Pre-birth | P1M | Filter Disk | APC | 37 mm Teflon filter in sealed container, bagged | Not Applicable | Walk-in -20 C | IVS | Not applicable |
| Dust – Vacuum Allergens/Endotoxin | Pre-birth | T1M, T3M | 15 mL vial | DAC | Dustream filter in 15 ml vial, double bagged | Not Applicable | -80°C | IVS | Not applicable |
| Dust – Vacuum Bag: Processed remainder | Pre-birth | PV1 | Amber Jar | DB02 | Sieved dust in 2 oz or larger amber glass jar with Teflon lined cap bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Organics | Pre-birth | PV1 | Amber Jar | DB20 | Sieved dust in 30 ml amber glass jar, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Organics | Pre-birth | PV1 | Amber Jar | DB21 | Sieved dust in 30 ml amber glass jar, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Organics | Pre-birth | PV1 | Amber Jar | DB22 | Sieved dust in 30 ml amber glass jar, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Organics | Pre-birth | PV1 | Amber Jar | DB24 | Sieved dust in 30 ml amber glass jar, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Inorganics | Pre-birth | PV1 | 10 mL vial | DB25 | Sieved dust in 10 ml polyethylene vial, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Inorganics | Pre-birth | PV1 | 10 mL vial | DB26 | Sieved dust in 10 ml polyethylene vial, double bagged | 1 | -80°C | ARS | Not applicable |

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|---|--------------------------|---------------|---------------------------|----------------------------|-------------------------|---|----------------------------|---------------------|-------------|------------------|
| Dust – Vacuum Bag Aliquot -- Inorganics | Pre-birth | PV1 | 10 mL vial | DB27 | Dust - Inorganics | Sieved dust in 10 ml polyethylene vial, double bagged | | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Inorganics | Pre-birth | PV1 | 10 mL vial | DB28 | Dust - Inorganics | Sieved dust in 10 ml polyethylene vial, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Inorganics | Pre-birth | PV1 | 10 mL vial | DB29 | Dust - Inorganics | Sieved dust in 10 ml polyethylene vial, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Wipe Inorganic | Pre-birth | T1M, T3M | 2 oz Amber Jar | DNC | Dust - Wipe Pyrethroids | Wipe in 2 oz amber glass jar with Teflon lined cap, bagged | Not Applicable | -20°C | IVS | Not applicable |
| Dust – Wipe Pyrethroids | Pre-birth | P1M, T1M, T3M | 2 oz Amber Jar | DP02 | Dust - Wipe Pyrethroids | Wipe in 2 oz amber glass jar with Teflon lined cap, double bagged | Not Applicable | -80°C | IVS | Not applicable |
| Dust – Wipe SVOC | Pre-birth | T1M, T3M | 2 oz Amber Jar | DS01 | Dust - Wipe SVOC | Wipe in 2 oz amber glass jar with Teflon lined cap, double bagged | Not Applicable | -80°C | IVS | Not applicable |
| Dust – Vacuum Bag Aliquot -- Organics | Pre-birth | PV1 | Amber Jar | SB20 | Dust - Organics | Sieved dust in 30 ml amber glass jar, double bagged | 1 | -80°C | ARS | Not applicable |
| Dust – Deposition Plate Wipe - Inorganics | Pre-birth | T3M | Amber Jar | SD08 | Dust - Wipe Inorganic | Wipe in 2 oz amber glass jar with Teflon lined cap, double bagged | Not Applicable | -20°C | IVS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | SF01 | Water - Pharma TWF | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | SF02 | Water - Pharma TWF | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | SF03 | Water - Pharma TWF | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |

WeChat: cstutorcs
Assignment Project Exam Help

Email: tutorcs@163.com

QQ: 749389476

<https://tutorcs.com>

| Primary Sample Type | Timing Relative to Birth | Visit Type | Collection Type/Container | Parent Sample ID Extension | Draw/Collection Volume | Processed Component | Aliquot Volume or Quantity | Storage Temperature | Study Phase | Participant Type |
|-------------------------|--------------------------|------------|---------------------------|----------------------------|---|--|----------------------------|---------------------|-------------|------------------|
| Water - Pesticides | Pre-birth | PV1 | 1 L amber HDPE bottle | SQ01 | Water - Pest - TWQ | Tap water with 80 mg of sodium thiosulphate in 1 liter HDPE bottle in foam insert, bagged – 2 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pesticides | Pre-birth | PV1 | 1 L amber HDPE bottle | SQ02 |  | Tap water with 80 mg of sodium thiosulphate in 1 liter HDPE bottle in foam insert, bagged – 2 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | WF01 |  | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | WF02 | Water - Pharma TWF | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pharmaceuticals | Pre-birth | PV1 | 1 L amber HDPE bottle | WF03 | Water - Pharma TWF | Tap water with 50 mg of 1% Ascorbic acid in 1 liter HDPE bottle in foam insert, bagged – 3 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pesticides | Pre-birth | PV1 | 1 L amber HDPE bottle | WQ01 | Water - Pest - TWQ | Tap water with 80 mg of sodium thiosulphate in 1 liter HDPE bottle in foam insert, bagged – 2 bottles/sample | 1 L | -20°C | ARS | Not applicable |
| Water - Pesticides | Pre-birth | PV1 | 1 L amber HDPE bottle | WQ02 | Water - Pest - TWQ | Tap water with 80 mg of sodium thiosulphate in 1 liter HDPE bottle in foam insert, bagged – 2 bottles/sample | 1 L | -20°C | ARS | Not Applicable |

<https://tutorcs.com>

Abbreviations: 12M=12 months; 1M=1 month; 36M=36 months; 3M=3 months; 6M=6 months; ARS=Alternate Recruitment Substudy; BR-M=Birth-mother; CPD=citrate-phosphate-dextrose; DMSO=Dimethyl sulfoxide; EDTA=ethylene diamine tetraacetate; FTA=Flinders Technology Associates; HDPE=High-density polyethylene; IVS=Initial Vanguard Study; MPA= Metaphosphoric acid; P1M=maternal prepregnancy visit in IVS; PBS=Provider-Based Sampling Substudy; PM2.5=fine particulate matter (≤ 2.5 micron diameter); PV1=maternal first pregnancy visit in ARS; PV2=maternal second pregnancy visit in ARS; RPMI=Roswell Park Memorial Institute growth medium; SVOC=semi-volatile organic compounds; T1F=first trimester father visit in IVS; T1M=first trimester mother visit in IVS; T3M=third trimester mother visit in IVS; VPLN=vapor phase liquid nitrogen