**nPOD Pancreas Slice Program RFA**

**CONCEPT PROPOSAL FORM**

*Please submit no later than May 15 to**Monica Novak (*[*monicano@ufl.edu*](mailto:monicano@ufl.edu)*)*

**NOTE 1:** *we are using this simplified form so we can help you apply for this opportunity with less effort. We are not specifying word limits; we recommend being concise, but also feel free to use the space you need. You can include figure and tables if desired. Please only include information that you are willing to share with other investigators at this stage.*

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1. ***WORKING GROUP INFORMATION***

**NOTE 2:** *we will organize calls for the major nPOD working groups to coordinate a proposal from each group. These will be advertised and will occur before May 15. If you are participating in a group, you may not want to submit an individual application but rather contribute to the group application. Investigators who are not involved in an existing group can participate in those calls if interested. Investigators can use this form to outline their plans and share with colleagues within a group. Please seek guidance from Alberto Pugliese and group leaders. Investigators can also assemble into new groups if helpful.*

**Working Group** *(Check if this is an application originating from a Working Group; if so, list a contact investigator in the next section, list all others in the last section of this form)*:

Autoimmunity

Extra-cellular matrix

Virus

Beta cell Dysfunction

New group (Please name):

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1. ***INVESTIGATOR(s)***

Name(s)

Institution(s)

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PROJECT DESCRIPTION**

**Title of project:**

**Abstract:**

**Specific aims:**

**Methodology:**

**Preliminary data (if any):**

**Expected outcome:**

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1. **JUSTIFICATION FOR REQUESTING PANCREAS SLICES** *(please describe why the study you propose needs to be done using slices, and cannot be done in isolated islets or fixed or frozen tissue/cells)*:

Ideal number of pancreas slices needed per donor: \_\_\_\_\_\_ (max 20 slices per proposal)

Minimum number of pancreas slices needed per donor: \_\_\_\_\_

(If the above varies by type of donor, explain)

Number of donors needed per group: \_\_\_\_\_

T1D: \_\_\_\_\_ Non-diabetic, autoantibody-positive: \_\_\_\_\_ Non-diabetic, autoantibody-negative: \_\_\_\_\_

Donor features (describe any special request regarding donor age, gender, race, HLA type or other criteria, duration of diabetes, any other feature):

Interested in being placed on waiting list on rotation for slices, if necessary? \_\_\_\_

1. **LOCAL PRODUCTION OF SLICES**

* Will you be obtaining pancreases from non-diabetic donors yourself and produce pancreas slices?
* If yes, will you still need slices from nPOD non-diabetic donors?
* If yes, will you be able to share with others?
* Will you be obtaining pancreases T1D or autoantibody positive donors yourself and produce pancreas slices?
* If yes, will you still need slices from nPOD donors?
* If yes, will you be able to share with others?

1. **COLLABORATIONS SOUGHT** *(please describe what other studies would be complementary to the work your proposed and would allow to better exploit the analysis of pancreas slices)*: