CARE Referral Request Form

Contact information	
Principal Investigator:	**PI Email:**
Study Contact:	**Study Contact Email:**

Study Information
Study Title:

Have you scheduled a consultation with us to discuss recruiting participants from CARE? *(If not, please complete this form and email Marian Tzuang, PhD, MSW, CARE Research Analyst at yuan.tzuang@ucsf.edu to schedule it.)*

☐ Yes ☐ No

If "Yes", please fill out the sections below based on consultation with CARE.

If "No", please fill out the sections below as appropriate.
What kinds of assistance would you like to receive from the consultation?* (check all that apply)

☐ Study design ☐ Eligibility criteria ☐ Sample size ☐ Translation ☐ Letter of support

☐ Templates for emails and participant communication

☐ Other, please specify:

*Consultation will be provided in the context of the CARE Registry.

Study Recruitment Status:
☐ Ongoing
- ClinicalTrials.gov ID (if applicable):
- Study website (if applicable):
- Other public access / study registration (if applicable):

☐ Preparing for recruitment

Asian Americans and Pacific Islanders (AAPI) Cultural Group of Interest:
☐ All AAPI ☐ Asian Indian ☐ Chinese ☐ Ethnic Chinese (Hauren) ☐ Filipino ☐ Korean
☐ Japanese ☐ Native Hawaiian ☐ Samoan ☐ Taiwanese ☐ Vietnamese
☐ Other AAPI cultural group(s), please specify:

Study Description and Goals:

IRB Status*:

☐ Received IRB approval with CARE included as a recruitment source

☐ Pending, IRB application is under review with CARE included as a recruitment source

☐ No; not yet started

*Example language to include CARE as a recruitment source: This study will recruit from the Collaborative Approach for Asian Americans & Pacific Islanders Research & Education (CARE) Registry (UCSF IRB No.19-28027).

Study Design (check all that apply):

☐ Observational Study ☐ Interventional Study ☐ Prevention Study ☐ Online Study ☐ Survey

☐ Caregiver Study ☐ Study for Persons w/ Memory Impairment

☐ Study for Persons w/o Memory Impairment ☐Other (specify):

Funding Source and Status:

Funding Source*:

☐ Funded ☐ Under review ☐ Preparing proposal/application

☐ Other (please specify):

If funded, please indicate funding source:

☐ Administration for Community Living

☐ Agency for Healthcare Quality (AHRQ)

☐ Alzheimer's Association

☐ Developing Evidence to Inform Decisions about Effectiveness (DEcIDE and DEcIDE-2) Research Network

☐ Health Resources and Services Administration

☐ National Institutes of Health (NIH) (please specify funding institute): _____

☐ Patient-Centered Outcomes Research Institute (PCORI):

☐ Foundations (please specify): _____

☐ Other (please specify):_____

If no funds are currently available, is there a plan to submit a grant to support this study?

☐ Yes   ☐ No

If yes, please indicate which funding agency and planned submission date:

*Projects that are supported by publicly funded research (e.g., NIH, PCORI) and research supported by non-profit entities are encouraged. Projects supported by for-profit entities are reviewed on a case-by-case basis.

CARE Referral Information

Target Recruitment Sample Size from CARE:

☐ <50 ☐ 50-100 ☐ 100+ ☐ Other (specify):

Referral Start Date:	**Referral End Date:**

Information to Identify Potentially Eligible Participants for Query:

CARE Survey Items	**Notes**
Demographics	
☐ Age ☐ Race ☐ Cultural Group ☐ Birthplace ☐ Year of arrival in the U.S. (if born outside of U.S.) ☐ English proficiency ☐ Other language(s): speak/read/write	

☐ Marital status ☐ Gender ☐ Sexual orientation ☐ Medical insurance ☐ Employment status ☐ Educational attainment ☐ Household income ☐ Military service	
Health and Health Behaviors	
☐ Smoking ☐ Drinking ☐ Physical activity ☐ Diet ☐ Health conditions* *Alzheimer's disease or other dementia, Parkinson's disease, memory loss, stroke, heart disease, high blood pressure, cancer, injuries (traumatic brain injury, spinal cord injury),asthma, other respiratory disease, kidney disease, diabetes, high cholesterol, gastrointestinal diseases, liver disease, osteoarthritis, developmental or intellectual disability, chronic pain, overweight, hard of hearing or hearing loss, sleep problems, mood related issues (anxiety or depression), post-traumatic stress disorder	
Caregiving	
☐ Caring for older adult (50* years old and older) ☐ Caring for minor children (18 and under) ☐ Relationship with care recipient ☐ Care recipient age ☐ Living situation ☐ Care recipient health issues ☐ Hours of caregiving per week ☐ Caregiving tasks *Care recipient age was set at least 65 years and older from Oct 2020 – Jan 2021.	

Referral criteria: *List inclusion and exclusion criteria that are best created in consultation with CARE.*

Inclusion:	**Exclusion:**

Participant Language Requirement: (check all the apply)

	Speak		Read		Write	
Cantonese or Mandarin	Cantonese		Simplified		Simplified	
	Mandarin		Traditional		Traditional	
Other Chinese Dialect						
Hawaiian						
Japanese						
Korean						
Hindi						
Punjabi						
Urdu						
Samoan						
Tagalog						
Vietnamese						
Other languages (please specify):						

Can CARE participants be enrolled in any other studies while they enroll in the requesting study? *

☐ Yes   ☐ No

Comment:

*If there is a request to block enrollment in other studies, this may affect the prioritization of your study within CARE's recruitment pool.

How did you learn about CARE?

☐ Community organization (please specify): _____

☐ Conference, Community Form, Seminar, Workshop

☐ Email or Listserv

☐ Social media such as Facebook, LinkedIn and Twitter

☐ Word of mouth

☐ Other (please specify): _____

Investigator Responsibilities

Upon approval of the referral request, the PI will:

1. Provide CARE with IRB approval letter that references CARE as a source for recruitment and phone and/or email script (including in-language versions if applicable). (Note: This is required prior to receiving CARE participant information.)
2. Ensure that only personnel listed on study protocols approved by the IRB can participate in recruitment activities
3. Contact potential participants within 1 month of receiving their contact information.
4. CARE will notify Investigators if the referred registrant withdrew from CARE. Investigators must acknowledge receipt of the withdrawal notification and stop recruitment activities within 10 days to named participants who have withdrawn from CARE.
5. Notify CARE the outcome for every registrant identified through the query within <u>30 days of receipt</u>. CARE will provide a spreadsheet to track registrant contact.
6. Any publications or presentations associated with or utilizing CARE Registry must:
   a. Cite the CARE grant using the following language: "The project described was supported by the National Institute on Aging of the National Institutes of Health under Award Number R24AG063718. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health."
   b. Comply with the NIH Public Access Policy (https://publicaccess.nih.gov) by submitting final peer-reviewed journal manuscripts that arise from NIH funds to PubMed Central immediately upon acceptance for publication.
   c. Investigators must notify and provide CARE operations team with a copy of the publication or presentation. This will be included on CARE's website and monthly newsletter.

☐ I, _____ (PI name), having read this, hereby agree to act in accordance with the responsibilities listed herein.

Additional Information or Comments:

If you have questions or would like to submit the completed form, please email Marian Tzuang, PhD, MSW, CARE Research Analyst at yuan.tzuang@ucsf.edu.