

NINDS –Data and Safety Monitoring Board Meeting Support Request Form

Title of the study this DSMB is monitoring:	
PI contact for details (name/phone):	
Expected number of DSMB meetings per year:	
Meeting dates and locations (if already established):	
Are lodging and travel arrangements required:	
Confirm honorarium amount (not to exceed \$400 per meeting day):	
Is assistance with locating meeting rooms required and if so please note any audiovisual requirements:	
Expected number of DSMB conference calls per year:	
Will these meetings need a science writer to prepare minutes and a summaries:	
Please note any other pertinent details:	

- Please attach a list with contact information for the supported DSMB members as well as any other meeting participants who are not supported. Be sure to identify those who will be supported.
- Please also attach a copy of the protocol.
- Submit this form to the NINDS Office of the Clinical Director.