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Study Account Information

Nutrition Assessment Shared Resource (NASR)

To open a data processing and billing account for Food Frequency Questionnaires (FFQs), Dietary Recalls, Food Records, etc, please complete this form and return it to:

Judi Standley, Nutrition Assessment Shared Resource (NASR)
1100 Fairview Ave. North, M1-B208
Seattle, WA 98109-1024
Fax (206) 667-7864

Study Title: _____

Study Acronym: _____ (If applicable)

Brief Description of your Study:

Principal Investigator name & contact information:

Name: _____ **Phone:** _____ **Email:** _____

Institution: _____

Funding Agency & Grant Number: _____

Start & end dates of the study: _____

Total estimated number of FFQs needed for the study: _____

Budget Number or Standing P.O. Number: _____ (If applicable)

Primary Contact Person (for Data Processing Inquiries): _____

Phone: _____

Email: _____

Shipping Address: _____

Billing Contact Person: _____ (If different from Primary)

Phone: _____

Email: _____

Billing address: _____

Study Type:

- Intervention Study
- Case Control Study
- Feeding Study
- Research Diet Study
- Cross-sectional Study/Survey
- Cohort Study
- Other: _____

Study Population:

Age: _____

Sex: _____

Language: _____ (English, Spanish or other)

Number of Subjects: _____

Dietary Intake Methods:

- Direct data entry of 24-hour recalls (telephone)
- Food Records (diaries)
- FFQ (Food Frequency Questionnaire)
- Other: _____

When this form has been received by NASR, your study will be entered into a tracking system. You will be assigned a unique 3-letter code. The code will be emailed to you. Please use it in all correspondence with NASR.

Please initial and date after you complete this form _____