



Autism Speaks Autism Treatment Network
Custom Form Request: Clinical / Research Use

Instructions: *There are 3 pages to this form. Please complete **all** sections. Be sure to sign and date on the last page. If completing this form on a computer, remember to SAVE it to your device before submitting. Contact information for submission is on the last page.*

Date of Request:

What will you use this for? Clinical Use (Defined as use within the clinic setting)
 Research Use (Defined as use for an approved research protocol)

Lead Principal Investigator (PI) Contact Information:

Name & Credentials:
Institution:
Address:
Telephone:
Email:

Co- Investigator Contact Information (if applicable):

Name & Credentials:
Institution:
Address:
Telephone:
Email:

1. What form(s) would you like to use? (Check the box next to each form you would like to use):

Request	Subject	Description	Version
<input type="checkbox"/>	Screening	Inclusion/Exclusion	5.3 December 3, 10
<input type="checkbox"/>	Diagnostic	DSM-IV Symptom Checklist	3.1 December 3, 10
<input type="checkbox"/>	Medical & Physical	Lead Autism Specialist Baseline Form	1.1 December 3, 10
<input type="checkbox"/>	Medical & Physical	Lead Autism Specialist Follow Up Form	1.1 December 3, 10
<input type="checkbox"/>	Medical & Physical	Lead Autism Specialist Interim Form	1.1 December 3, 10
<input type="checkbox"/>	Medical, Demographic & History	Parent Baseline Assessment	1.1 December 3, 10
<input type="checkbox"/>	Medical	Parent Visit Assessment	1.1 December 3, 10
<input type="checkbox"/>	Medical	Parent Assessment (Mail)	1.1 December 3, 10
<input type="checkbox"/>	Medical, Demographic & History	Parent Baseline Assessment (Spanish)	1.2 December 3, 10
<input type="checkbox"/>	Medical	Parent Visit Assessment (Spanish)	1.2 December 3, 10
<input type="checkbox"/>	Medical	Parent Assessment (Mail) (Spanish)	1.2 December 3, 10
<input type="checkbox"/>	Experience of Care	Satisfaction Survey	1.1 December 3, 10
<input type="checkbox"/>	Experience of Care	Satisfaction Survey (Spanish)	1.1 December 3, 10



Autism Speaks Autism Treatment Network
Custom Form Request: Clinical / Research Use

ACKNOWLEDGEMENT OF APPROPRIATE CITATION

The ATN requires that all forms used and resulting publications must acknowledge ATN and AS. The ATN logo appears on the first page of the form to provide this acknowledgment. When presenting or publishing research results, there are options for making this acknowledgment as follows:

For studies using ATN forms only:

Autism Treatment Network (Year of form). ATN Registry (Name of Form) vers. X.Y. New York, NY. Autism Speaks.

Example:

Autism Treatment Network (2009). ATN Registry Developmental and Medical History Form, vers. 3.0. New York, NY. Autism Speaks.

Alternate acknowledgement:

Data for this study were collected using forms developed by the Autism Treatment Network, a program of Autism Speaks.

MODIFICATIONS TO CONTENT/DESIGN:

Please note that the forms provided under this request cannot be altered or modified in any way without prior notification and approval by the ATN Clinical Coordinating Center. Any anticipated change to the content or design of any assessment must first be reviewed and approved by the ATN CCC prior to the change(s).

Please sign on below that you agree to the citation terms set forth once your request is approved.

I have reviewed and agree to the terms of the Autism Treatment Network (ATN) Custom Form Request

Signature*: _____ Date: _____

**Electronic (typed) signature in the above line is acceptable*

Please retain this letter with your study documents for future reference.

EMAIL, FAX, OR MAIL THE SIGNED AND COMPLETED DOCUMENTS TO:

Clinical Use:

Kirsten H. Klatka, MSW
ATN Clinical Program Manager
Massachusetts General for Children
50 Staniford St, Suite 901 | Boston, MA 02114
Phone: (617) 724-8546 | Fax: (617) 726-1886
Email: kklatka@partners.org

Research Use:

Brian Winklosky, MA
ATN Clinical Research Program Manager
Massachusetts General for Children
50 Staniford Street, Suite 901 | Boston, MA 02114
Phone: (617) 643-1036 | Fax: (617) 726-4120
E-mail: bwinklosky@partners.org