

# CONCEPT Proposal Form

Ancillary Study to the HCHS/SOL

**WARNING: This Form is Only Needed for Ancillary Studies Involving Participant Contact, Stored Materials or Biospecimens, or Consortia seeking funding.**

To select a square , please double left click, select “Checked”

**ADMINISTRATIVE SECTION**

Date of Submission:

Title of Ancillary Study Proposal:

Short Title of Ancillary Study Proposal (25 characters):

Lead Principal Investigator (name, institution, address, phone, e-mail address)

Name

Institution

Address

Phone

E-mail address

Early Stage Investigator:

Other Principal investigator(s) (name, institution, address, phone, e-mail address):

Name of HCHS/SOL Principal Investigator sponsor:

Date of approval of this proposal by HCHS/SOL sponsor:

Administrative Supplement

To Parent Study:

To Ancillary Study:  Tracking Number: *AS#*

Consortium:  Tracking Number: *C#*

Grant Renewal:  Original Ancillary Tracking Number: *AS#*

With this letter my colleagues and I indicate our intent to submit a proposal for an ancillary study to the HCHS/SOL that will involve participant contact, stored biospecimens, materials (e.g., images) and/or Secondary Data Analyses as part of a Consortium, with the aims outlined below.

1. I am familiar with the HCHS/SOL ancillary study policy (accessed on the HCHS/SOL website on      ), the ancillary study review process and its timeline.
2. The funding mechanism, application due date, and award project period are:       [If funding is being requested, provide source and length. If funding is NOT being requested, explain how this ancillary will be completed].
3. Brief synopsis of proposed ancillary study (should not exceed 100 words):
4. The specific aims of the proposed study are (should not exceed 300 words):
5. The study design, study size and study timeline are (should not exceed 500 words):
6. Members of the HCHS/SOL cohort ***[will/will not]*** be contacted by proposed study.
7. We will need the following existing HCHS/SOL data, materials and/or stored biospecimens for the aims of our ancillary study:
8. The new data we propose to collect are:

Please send form to "HCHS/SOL Ancillary Committee" [HCHSAncillary@unc.edu](mailto:HCHSAncillary@unc.edu) use ‘HCHS/SOL Ancillary CONCEPT proposal by LASTNAME’ in the subject line.

FILE NAME CONVENTION:

LASTNAME\_CONCEPT\_BriefTitle\_YYYY-MM-DD.docx

- Last name: use contact Principal Investigator’s last name

- Brief title: use 2 to 4 key words

- Date: use date of submission

- Example: ISASI\_CONCEPT\_SOLYouthCellCommunities\_2023-06-12.pdf