**DATE:**

**TO:** HCHS/SOL

**FROM:**

# RE: Consortium Proposal to the HCHS/SOL

Short Study/Consortium Title:       (Please limit to 25 characters)

Name of person submitting application:

Affiliation:

Email:

The HCHS/SOL consortium liaison sponsoring this application is/are:

Brief synopsis of consortium (should not exceed 100 words):

Rationale for HCHS/SOL involvement in this consortium project (should not exceed 100 words):

1) Consortium leadership [leave blank if you don’t know]:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Principal Investigator | Co-Investigator | Co-Investigator |
| Name |  |  |  |
| Email |  |  |  |
| Phone |  |  |  |
| Institution |  |  |  |

2) Other Cohorts/Institutions in the Consortium (indicate if agreed or pending):

3) Consortium Data Coordinating Center (DCC):

4) The existing data required is **[individual/summary/individual and summary]** level data.

5) The consortium **[will/will not]** require new data.

If new data are required: The data the consortium proposes to collect from those in the HCHS/SOL are:

6) We agree that the consortium manuscripts proposals and draft manuscripts that include HCHS/SOL will go through the HCHS/SOL review process using the study website portal on the HCHS/SOL format, not simply attaching files.

Submit this form through email to us at hchsadministration@unc.edu