**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): jjn

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 the portal at: www.cscc.unc.edu/hchs/