**HCHS/SOL Ancillary Study (AS) Planning and Implementation Template**

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| HCHS/SOL AS Number | AS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Title* |  |
| *Grant number* |  |
| *PI* |  |
| *Contact* |  |
| *CC PI* |  |
| *Funding agency* |  |
| *Date of Award < Expected / Effective >* |  |
| *Project Initiation < Expected / Effective >* |  |
| *Overall award duration* |  |
| *Centers participating* |  |
| *Other sites/agencies participating* |  |
| *Prime and (each) subcontract* |  |
| *Administrative contact (Prime)* |  |
| *Other studies participating* |  |
|  |  |
| *Who is responsible for development of the IC, IRB approval, MOP, study forms?* |  |
| *Date AS MOP submitted for review by SC* |  |
| *Number of participants to be enrolled* |  |
| *Selection/eligibility criteria* |  |
| *Who provides sample/recruitment lists?* |  |
| *What information & data to be collected?* |  |
| *Participant safety issues? Safety exclusions?* |  |
| *Is biospecimen collected? If so, fasting?* |  |
| *What information & data are reported to ppts?* |  |
| *Are there alert reports for ppts?* |  |
| *Setting of the data collection (How, where?)* |  |
|  |  |
| *Start & end dates for data collection* |  |
| *Who contacts the SOL ppts?* |  |
| *Who collects the data?* |  |
| *Describe staff training* |  |
| *Responsible for training and date* |  |
| *Date of training* |  |
|  |  |
| *Data collection instruments, forms and materials* |  |
| *Are data collected in CDART? If not, how?* |  |
| *Describe data flow (collection, reading/ processing, transfer, etc.)* |  |
| *Outline of QC; who is responsible for QC?* |  |
| *Who is responsible for conference calls/ webinars/meetings* |  |
| *Management reports by the CC? Frequency* |  |
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