### Logo-SOL_HCHS-Final_4C

### 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.**

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)

Early Career/Stage Investigator:[ ]

Racial or ethnic group historically underrepresented in science and healthcare: [ ]

Hispanic/Latino background: [ ]

**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.

1. We will need the following existing HCHS/SOL data, materials and/or stored biospecimens for the aims of our ancillary study:
2. The new data we propose to collect are:

**Please send form to "HCHS/SOL Ancillary Committee"** **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 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