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