**DATE:**

**TO:** HCHS/SOL

**FROM:**

**RE:** **Letter of Intent and Ancillary Study Concept/Consortium Proposal to the HCHS/SOL**

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

Name of person submitting application:

Affiliation:

Email:

K – Award Submission or similar early career funding being sought  Yes  No

Consortium Application  Yes  No

If this is an Ancillary Study application, please fill out part A

If this is a Consortium application, please fill out Part B

**Part A – Applies to Ancillary Studies** –

I am familiar with the HCHS/SOL ancillary study policy (accessed on the HCHS/SOL website on      ), the ancillary study review process and its time line.

With this letter my colleagues and I indicate our intent to submit a proposal for an ancillary study to the HCHS/SOL, with the aims outlined below.

The HCHS/SOL investigator(s) sponsoring this application is/are:

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

The specific aims of the proposed study are as follows (should not exceed 300 words):

The proposed study design, study size and time line are (should not exceed 500 words, please state if this ):

Members of the HCHS/SOL cohort [will/will not] be contacted by proposed study.

We propose to apply for use of the following existing HCHS/SOL data and biospecimens as part of our ancillary study:

The new data and information ancillary to those of the HCHS/SOL we propose to collect are:       [Answer only if new data is required]

We look forward to comments and an indication whether the HCHS/SOL invites us to submit an ancillary study proposal for the purposes described in this letter. Please reply to me at the following email address:

Submit this form through the portal at: www.cscc.unc.edu/hchs/

**Part B – Applies to Consortium:**

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/