

The Cohort Consortium



Website: <http://epi.grants.cancer.gov/Consortia/proposal.html>
Portal: <https://portals.dceg.cancer.gov/cohortconsortium/project-proposals>

PROJECT PROPOSAL TO THE COHORT CONSORTIUM

Instructions: After completing this form, save it to your computer and e-mail the form to Nonye Harvey, Cohort Consortium Coordinator, harvey@n1h.gov. For questions, contact Nonye Harvey.

NOTE: Responses Limited to Space Available

Date: _____

Project title: _____

Point(s) of contact:

First name: _____ MI: _____ Last name: _____

Title: _____

E-mail: _____

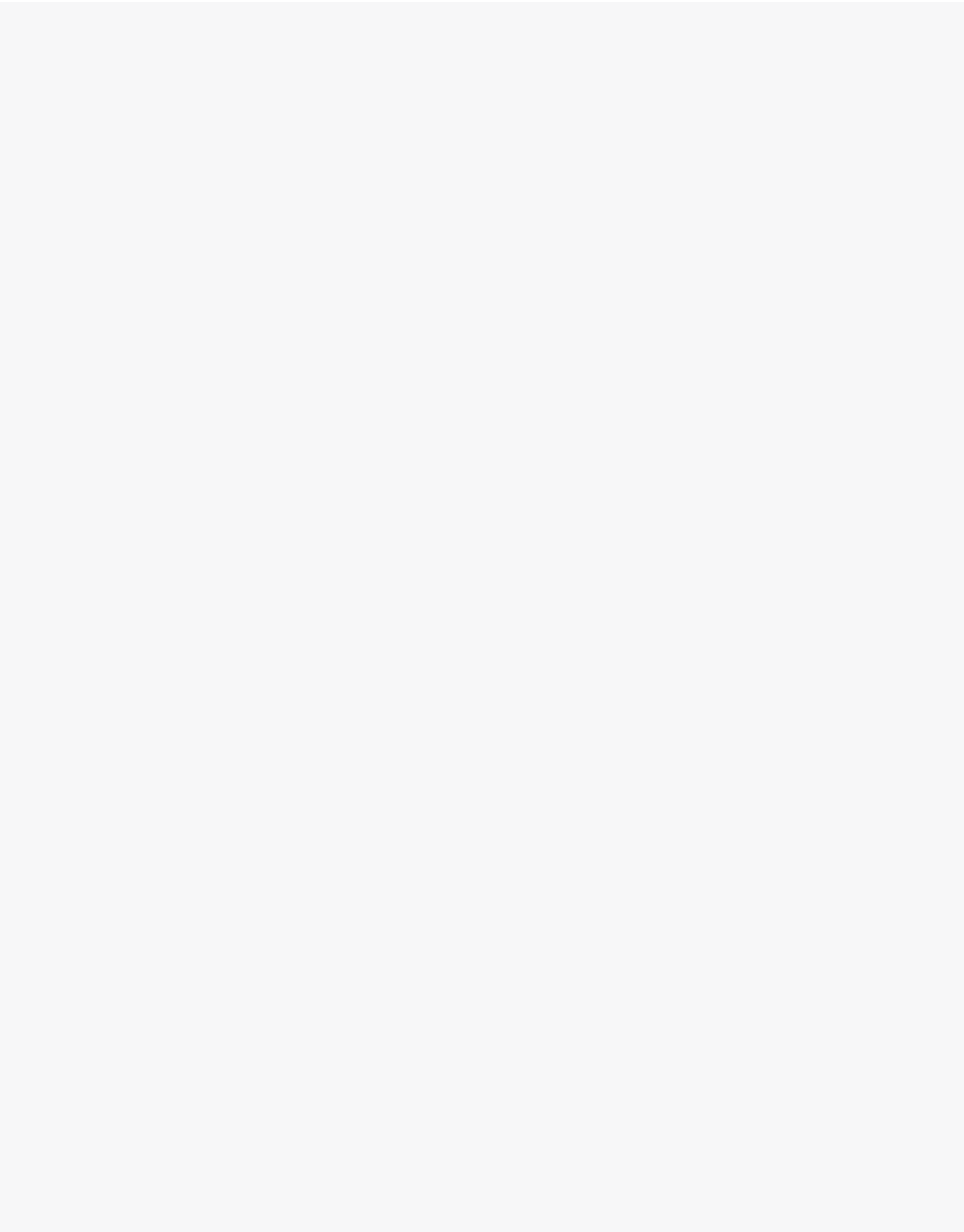
Organizational and cohort affiliation: _____

Plan for funding:

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Background and significance:



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Overall goal:

Specific aims:

Design and analysis plan:

(limit to 50 words)

Why a cohort consortium approach is necessary:

(limit to 50 words)

Minimum number of cases per cohort:

Required outcome data:

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Required exposure data:

Required covariate data:

Are biospecimens required?

Yes _____

No _____

If yes, specify type and volume needed:

Type

Volume

DNA _____

Blood _____

Serum _____

Plasma _____

If yes, indicate if special processing (e.g., fasting sample) is required:

For Secretariat use only:

Cohort Consortium Secretariat Decision: _____

Comments: