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| **METRICS (Cervical PROSPR II) Ancillary Study Proposal Form** | | | |
| **This form should be used for** proposals to analyze existing METRICS data or collect new METRICS data **as part of a new external funding grant application**.  Note: If you are interested in proposing a manuscript that uses existing METRICS data, and have existing funds or are requesting METRICS funds, please use the manuscript proposal form available here: <https://utsouthwestern.edu/labs/prospr-metrics>.  Investigators who are not affiliated with METRICS are welcome to propose ancillary studies. These investigators, however, need to work with a METRICS investigator (sponsor). A list of potential sponsors appears on the METRICS web site at <https://utsouthwestern.edu/labs/prospr-metrics>  **Submission Deadline: 12 weeks prior to grant deadline**  *Note: Ancillary studies involving a subcontract to any of the METRICS data contributing sites or coordinating center must have their final budget negotiated and approved by the site PI and grants administration no later than* ***5 weeks*** *prior to a funding application due date. We recommend you contact site PIs as early as possible to begin the negotiations about costs to perform aspects of the ancillary study.*  **Contact information:**  General questions: [METRICS\_PROSPR2@UTSouthwestern.edu](mailto:METRICS_PROSPR2@UTSouthwestern.edu)  NOTE: METRICS Administrative Core can provide you with contact information for the PI and grants administrator for METRICS data contributing sites. | | | |
| **Section 1: Basic Project Informatio**n | | | |
| **Project Title**: | Click or tap here to enter text. | | |
| **Project Lead Name and Affiliation**: | | | Click or tap here to enter text.**,** Click or tap here to enter text. |
| **METRICS Sponsor** (if applicable) | | | Click or tap here to enter text.**,** Click or tap here to enter text. |
| **Co-Investigators and Affiliations**: | | | |
| Name and Affiliation: | | Click or tap here to enter text.**,** Click or tap here to enter text. | |
| Name and Affiliation: | | Click or tap here to enter text.**,** Click or tap here to enter text. | |
| If any, additional co-investigator names and affiliations: | | | |
| Click or tap here to enter text. | | | |

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| **Requesting participation and type of participation from the following Data-Contributing Sites:** | | | | | |
|  | | Parkland/UT Southwestern:  new data collection  analysis  scientific input | | | |
|  | | Kaiser Permanente Washington:  new data collection  analysis  scientific input | | | |
|  | | Partners – Brigham:  new data collection  analysis  scientific input | | | |
|  | | Partners – MGH:  new data collection  analysis  scientific input | | | |
| **Requesting METRICS Coordinating Center Services** | | | | | |
|  | | No | | | |
|  | | Yes (check all that apply) | | | |
|  | | | | Sample selection | |
|  | | | | Statistical analysis | |
|  | | | | Organizing new data collection | |
| **Requesting approval for** (check all that apply): | | | | | |
|  | Analyze existing data in METRICS repository | | | | |
|  | Collect new secondary data | | | | |
|  | Collect new primary data | | | | |
|  | Other, specify: | | Click or tap here to enter text. | | |
| **Intended Use** (check all that apply) | | | | | |
|  | Grant application | | | | |
|  | Grant funded independently of PROSPR II UM1 | | | | |
|  | Other, specify: | | | | Click or tap here to enter text. |
| **Funding** | | | | | |
| Source: | | | | | Click or tap here to enter text. |
| If NIH, funding mechanism: | | | | | Click or tap here to enter text. |
| Grant due date | | | | | Click or tap to enter a date. |
| Proposed grant start date | | | | | Click or tap to enter a date. |
| Proposed grant end date | | | | | Click or tap to enter a date. |
| Grant title (if different from above) | | | | | Click or tap here to enter text. |

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| **Section 2: Research Question(s)** | | |
| 1. **Background, Rationale, Significance (not to exceed ½ page)** | | |
| Click or tap here to enter text. | | |
| 1. **Specific Aims / Objectives (not to exceed ½ page)** | | |
| Click or tap here to enter text. | | |
| **C. Study Design:** | | |
|  | Descriptive (i.e., no inferential analyses) | |
|  | Cross-sectional (analysis of association at one point in time) | |
|  | Longitudinal (time-to-event analysis or analysis of repeated measures over time) | |
|  | Pilot intervention/implementation | |
|  | Methodological | |
|  | Other, please specify: | Click or tap here to enter text. |
| **D. Methods** | | |
| * 1. **Study Population (Inclusion/Exclusion Criteria):** | | |
| Click or tap here to enter text. | | |
| * 1. **If requesting new secondary data or primary data collection, please briefly describe types of data, data sources, and data collection strategy:** | | |
| Click or tap here to enter text. | | |

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| * 1. **METRICS variable(s) requested, please list CDEs needed:** | | | | | |
| Click or tap here to enter text. | | | | | |
| * 1. **METRICS data to be used (check all that apply):** | | | | | |
|  | De-identified aggregate data | | | | |
|  | De-identified individual-level data | | | | |
|  | Linkage to other data sources, please explain: | | | | Click or tap here to enter text. |
|  | Not applicable | | | | |
|  | Other, please specify: | | Click or tap here to enter text. | | |
| * 1. **Description of Proposed Statistical Analysis (to help Shared Analysis Resource understand needed effort; for example could briefly describe tables or append mock/shell tables)** | | | | | |
|  | Pooled across Data-Contributing Sites | | | | |
|  | Stratified across Data-Contributing Sites | | | | |
|  | Unsure/not yet determined | | | | |
| Click or tap here to enter text. | | | | | |
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| **Section 3: References** | | | | | |
| Click or tap here to enter text. | | | | | |
| **\*\*\*\*\*Please submit completed METRICS Proposal form to the Administrative Core via email:** [METRICS\_PROSPR2@UTSouthwestern.edu](mailto:METRICS_PROSPR2@UTSouthwestern.edu)**\*\*\*\*\*\*\*\*\*** | | | | | |
| **Section 4: Completed by METRICS Administrative Core and MPIs** | | | | | |
| Submission Date: | | Click or tap to enter a date. | | | |
| Review Date: | | Click or tap to enter a date. | | | |
| Decision: | | | | | |
|  | Approved | | | | |
|  | Disapproved | | | | |
|  | Revision Requested, see questions/comments below. \*\*\*Please append 1 page response to the end of this form. | | | | |
| Click or tap here to enter text. | | | | | |
| Resubmission Date: | | | | Click or tap to enter a date. | |
| Resubmission Review Date: | | | | Click or tap to enter a date. | |
| Resubmission Decision: | | | |  | |
|  | Approved | | | | |
|  | Disapproved | | | | |