# Proposing Investigator Date

|  |  |
| --- | --- |
| Investigator’s Name: |      First Name, Middle Initial, Last Name, Degree(s) |
| Institution: | BWH [ ]  DFCI [ ]  HSPH [ ]  MGH [ ]  VA [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: | Faculty [ ]  Fellow [ ]  Trainee [ ]  Visiting Scholar [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Address: |       |
|  Phone:       Beeper:       Fax:       |
|  E-mail:       |

**2. Associated DPM\* Investigator (needed if proposing investigator is outside DPM or is trainee/fellow/visiting scholar)**

|  |  |
| --- | --- |
| Name: |       |
| Phone:       E-mail:        |

1. **Brief Project Information:**

|  |  |
| --- | --- |
| Project Title: |       |
| Purpose:  | Abstract [ ]  Paper [ ]  => *Please attach the Approved Manuscript Proposal Form.*Grant [ ]  Progress Report [ ]  Other:       => *Please attach a brief summary of the project.* |
| Main outcome (if applicable):  |       |
| Main exposure(s): |       |
| Data source (check all that apply): Main VITAL [ ]  Ancillary [ ]  CTSC\* [ ]  EMSI\* [ ]  Other:       |
| Ancillary PI (if applicable):       Ancillary PI approve request?       |

**4. Data Set**

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| --- |
| Do you need a data set? Yes [ ]  No [ ]  Not sure [ ] *If yes, please attach a list of variables needed.* |
| If yes, who will perform the analysis? | Proposing Investigator [ ]  Associated DPM Investigator [ ]  DPM Analysis Team [ ]  Other:       |
| If yes, where will analysis be performed? Preventive Medicine [ ]  Other:       |
| If yes, what software will be used? | SAS [ ]  S-Plus [ ]  STATA [ ]  R [ ]  Other [ ]  |

1. **Analysis**

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| Do you need an analysis performed by the DPM Analysis Team? Yes [ ]  No [ ]  Not sure [ ] *If yes, please provide a detailed description of the analysis and variables needed.* |
| Do you need specific software? Yes [ ]  No [ ]  Not sure [ ] If yes, which? SAS [ ]  S-Plus [ ]  STATA [ ]  R [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Funding information**

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| --- |
|  Funded [ ]  Funding organization:       PI:       Grant #       |
|  Funding pending [ ]  Not funded [ ]  |

**7. Proposed Timeline**

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| --- |
| Is there a specific deadline for this project? Yes [ ]  No [ ]  If yes, Date:       |

### This form can either be signed or sent by e-mail

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Signature(s):*** |  |  |  | *(if needed)* |  |  |
|  |  |       |  |  |  |       |
| *Name:*  Proposing Investigator |  | Date |  | *Name:*       Date Associated DPM Investigator |

***(Please do not write below)***

|  |  |
| --- | --- |
| Project #:        | Date received:       |
| Keywords:       |
| Reviewed by:        | Date reviewed:       |
| Presented at P&P meeting [ ]  | Date presented:       |
| Comments?       |
| Project accepted Yes [ ]  No [ ]  | Date accepted:       |

\* Abbreviations: DPM, Division of Preventive Medicine; CTSC, Clinical and Translational Science Center; EMSI, Examination Management Services, Inc.