# Proposing Investigator Date

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| --- | --- |
| 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:**

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| --- | --- | --- |
| 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**

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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**

|  |
| --- |
| 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.