

# 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](mailto: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:

A large, empty light gray rectangular area intended for the project proposal content. It occupies the majority of the page below the header and the 'Background and significance:' label.

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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:**