

## CHBC Manuscript Proposal Form

**Date of Submission:** \_\_ (mm/dd/yyyy)      **Date of Approval:** \_\_ (mm/dd/yyyy)

### PART I. OUTLINE OF PAPER

#### 1. Title Information

a. Proposal Title:

c. Suggested key words:

#### 2. Lead Author Name:

Institutional Affiliation:

Address:

Telephone:

Fax:

Email:

- 3. Co-authors, Contact Information, and Responsibilities:** (Proposed co-authors, Email address and/or telephone numbers and proposed responsibilities. Examples of responsibilities include design and concept of study, statistical analysis, data acquisition, methodological expertise, funding acquisition, literature review. Also indicate specific writing assignments including: introduction methods, results, discussion, preparation of tables and figures. Items not assigned to a co-author are assumed to be the responsibility of the lead author. Corresponding author should also be identified if it is not to be the lead author).

Name	Contact Information	Responsibilities

**4. Background/Rationale:**

**5. Research Hypotheses:**

**6. Data Source(s):** (Check all that apply)

BRFSS (Behavioral Risk Factor Surveillance System / 2004-2009)

Year(s): \_\_\_\_\_

NHANES (National Health and Nutrition Examination Survey / 2009-2010; 2011-2012)

Year(s): \_\_\_\_\_

NHIS (National Health Interview Survey / 1977-2012)

Year(s): \_\_\_\_\_

CHBC Datasets

Specify: \_\_\_\_\_

**7. Variables to be used:** (Years/cohorts and variables to be used, sample inclusions/exclusions---**Authors must verify that the variables of interest are available in the dataset they want to use**)

**8. Brief Statistical Analysis Plan and Methods:** (Including power calculations, if necessary.)

**9. References:** (Maximum 15)

**PART II. AUTHOR CONTRIBUTIONS**

**10.** Have all co-authors reviewed and approved this document?  Yes (Signatures required)

**PART III. ADDITIONAL INFORMATION**

**11. Type of Study:**

Full Cohort     Case Control     Other (list):

**12. Type of Data:**

Longitudinal     Cross-Sectional     Other (list):

**13. Location of Statistical Analysis:**

NYU

Local (list site):

Other (specify):

**14. Conflict of Interest:**

a. Are these analyses to involve a for-profit corporation? \_\_\_\_Yes \_\_\_\_No

If Yes, explain:

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**Additional Information**

1. Do you need help with analyzing the data: Yes No

If Yes, preferred analyst: \_\_\_\_\_

2. Is Presentation at a Professional Meeting Anticipated: Yes No

If Yes, meeting title: \_\_\_\_\_ Date: \_\_\_\_\_

3. Name of Target Journals for Submission (top 3):

4. Timetable for completion of first draft: \_\_\_\_\_

*Conditions*

*Data from the CHBC's projects are being provided to collaborators to promote clinical and scientific understanding. The data are to be used only for the analyses approved by the CHBC's Study Oversight Committee (CHBC's Statisticians, Project's PIs). By submitting a concept sheet, you agree to 1) gain approval from the CHBC for all concepts, data analyses, professional presentations and publications resulting from CHBC's data, 2) abide by specified authorship guidelines 3) agree to submit a copy of the syntax and output of your analyses to be verified by CHBC's statisticians prior to publication, 4) and agree to have the manuscript removed from you if you fail to abide by the established deadline for manuscript completion.*

*Author's Signature-----*

*CHBC's Representative-----*