# SOF Analysis Plan Submission Form

Date:

Investigator’s Name:

Clinical Center:

Sponsor (if not a SOF investigator):

Telephone:      e-mail:

Other investigators who will be working on this analysis:

Analysis Plan Title:

Data sets to be used:

Primary variables to be used in the analysis:

Does this analysis plan involve a consortium or meta-analysis project?  YES  NO

If YES,

1. Does this plan propose to use GWAS data? ?  YES  NO
2. Who is the investigator leading the analysis?
   1. If not a SOF investigator, please note the lead investigator’s affiliations.
3. What other cohorts are involved in the consortium or meta-analysis?
4. What are the definitions of the primary phenotypes of interest?
5. Describe any authorship policies of the consortium.

Do you plan to submit an abstract based on these results?  YES  NO

If YES, when is the abstract due?

Who will perform the analyses?

Coordinating Center

Other local analyst, please specify:

Is this the first analysis plan you are submitting to utilize SOF data?  YES  NO

If YES, please provide 2-3 sentences about your professional background and research interests.

Please attach a 1-2 page description of your analysis plan. Please include the following:

1) Short background/rationale for addressing the research question

2) Brief description of statistical methods

3) Mock tables

E-mail this completed form (as an attachment) to Liezl Concepcion ([lconcepcion@sfcc-cpmc.net](mailto:lconcepcion@sfcc-cpmc.net)).