MrOS Analysis Plan Submission Form

Date:

Investigator's Name:

Clinical Center:

Sponsor (if not a MrOS investigator):
Relationship to Sponsor:

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?
    a. If not a MrOS 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 or Administrative Center
☐ Other local analyst, please specify:

Is this the first analysis plan you are submitting to utilize MrOS 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).