



# GWAS Analysis Proposal Form

Please e-mail completed Analysis Proposal Form along with your analysis proposal to the Health ABC GWAS Publications Committee (E-mail: HABCGWASPublications@psg.ucsf.edu)

Name of first author: \_\_\_\_\_

Health ABC Sponsoring Investigator: \_\_\_\_\_  
(If proposer is a non-Health ABC scientist)

Telephone number: (\_\_\_\_)\_\_\_\_\_

Fax number: (\_\_\_\_)\_\_\_\_\_

Date form completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

E-mail address: \_\_\_\_\_

1. Working title of analysis proposal: \_\_\_\_\_

2. Provisional list of co-authors (Please include e-mail addresses):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Please attach a brief summary of your analysis proposal that includes the following:

- a) Research question(s) and/or hypothesis
- b) Brief background and rationale for addressing the research question or hypothesis in Health ABC
- c) Definition of the phenotype using Health ABC variable names and referencing Health ABC datasets; the algorithm for defining cases and controls and, if appropriate, exclusion criteria; any other variables/covariates that will be used in analysis.
- d) Definition of secondary phenotypes that may also be analyzed.

4. Which participants will be included in analyses?

- African-American (Black)       European-American (White)       Both

5. Where will analysis be done?

- Health ABC Coordinating Center, UCSF       University of Pittsburgh       Wake Forest  
 NIA       University of Tennessee       Other (Please specify: \_\_\_\_\_)

6. Data submission deadline: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

7. Do you plan to submit any abstracts based on this analysis?  Yes  No

↓

a) Specify meeting or venue: \_\_\_\_\_

b) When is the abstract due? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

8. Does consortia involvement require signed agreement from an official Health ABC representative?

- Yes       No       Not Applicable

*For Health ABC Coordinating Center Use:*

GWAS Analysis proposal reference #: \_\_\_\_\_

Date packet completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent to GWAS reviewers for review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date approval status and comments sent to proposer: \_\_\_\_/\_\_\_\_/\_\_\_\_

GWAS Publications Committee approval date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_