

NEW MEMBER APPLICATION FORM

<https://epi.grants.cancer.gov/cohort-consortium>

INSTRUCTIONS

After completing this form, save it to your computer and e-mail the form to NCICohortConsortium@mail.nih.gov.

Limit responses to the space available

PI Contact Information					
Name (PI)					
Institution Name					
E-mail					
Cohort Information					
Cohort Name					
Cohort Study Website					
Date Funded					
Funding Source(s)					
Year(s) of Enrollment					
At least 5,000 study participants (enrolled or target enrollment) to study cancer occurrence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	At least 400 study participants (enrolled or target enrollment) among those diagnosed with cancer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Risk factor data available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Willingness to contribute data and participate in pooling studies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cohort Description <i>(including how incident cancer cases are ascertained)</i>					
Data Sharing <i>please address the following (required)</i>					
Do you share individual-level data? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Describe briefly how data is shared and any limitations to sharing your data					
Provide link to data sharing policy					