

NEW MEMBER APPLICATION FORM

<https://epi.grants.cancer.gov/Consortia/cohort.html>

INSTRUCTIONS

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

Limit responses to the space available

PI Contact Information	
Name (PI)	
Institution Name	
Email	

Cohort Information			
Cohort Name			
Cohort Study Website			
Date Funded			
Funding Source(s)			
Year(s) of Enrollment		At least 10,000 study participants?	<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