



# ANALYSIS PLAN

Please fax completed form to Alan Camardo at the UCSF Coordinating Center (fax 415/597-9213)

Name of first author: \_\_\_\_\_ Heath ABC investigator: \_\_\_\_\_  
 (If proposer is outside of Health ABC)

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

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

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

Date of request:    /    /      
 Month           Day    Year

Site:    Memphis    Pittsburgh    UCSF Coordinating Ctr.     
 Project Office    Reading Ctr.    Other

1 Working title of plan: \_\_\_\_\_  
 \_\_\_\_\_

2 Please attach a brief summary of your analysis plan that includes the following:

- a)  Research question and/or hypothesis
- b)  Brief background and rationale for addressing the research question/hypothesis in Health ABC
- c)  Variables to be used in main analysis (the main predictor and outcome variables must be identified)
- d)  1 to 3 mock tables
- e)  Timeline for completion & submission of manuscript

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

When is the abstract due?    /    /      
 Month           Day    Year

4 Where will analysis be done?

Memphis    Pittsburgh    UCSF Coordinating Ctr.    Project Office    Reading Ctr.    Other

5 Other investigators who you know will be working on this analysis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For UCSF Coordinating Center Use:

Analysis plan reference #: \_\_\_\_\_

Date packet complete:    /    /      
 Month    Day    Year

Date sent to Publications Committee for review:    /    /      
 Month    Day    Year

Date comments sent to proposer:    /    /      
 Month    Day    Year

Publications Committee approval date:    /    /      
 Month    Day    Year

Executive Committee approval date:    /    /      
 (if necessary)    Month    Day    Year

Expedited review of abstract?

Yes    No

Title of abstract:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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