

Concept Submission Cover Page

Clinical Practice and Research Subcommittees

Pediatric and Adolescent Committee of the Oncofertility Consortium

Date:

Name:

Institution:

e-mail:

Proposed title of study:

Please attach a document with the following information:

1. Title of project
 2. Proposed author list/working group: please include disciplines and contact information (e-mail)
 3. Background/rationale: Please include at least 2-3 paragraphs outlining the clinical problem you are trying to address and relevant information published on this subject. Please include references. This may be incorporated into your future introduction.
 4. Specific aims/objectives: What question are you trying to answer? You must include at least one.
 5. Methods: Briefly describe how will you accomplish this? Please include what resources are needed, proposed location for any statistical analysis, etc.
 - Who are you studying? (provide clear and concise inclusion/exclusion criteria)
 - What information are you collecting? (outcomes, demographics, exploratory variables, etc.)
 - Consider what and how many tables/figures you may need to include. Attach shell tables or mock figures to concept proposal.
 6. Special considerations: (is there anything else we need to know to consider your concept?)
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FOR PAC USE ONLY

Date initial submission received:

Date sent to PAC Leadership:

Final approval: Yes No

Final Decision Date:

Notes: