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| (OFFICE USE ONLY) |
| Manuscript Number |  |
| Date registration form submitted |  |

Colon Cancer Family Registry

**Manuscript Registration Form**

1. RESPONSIBLE AUTHOR: Who is responsible for the manuscript?

|  |  |  |
| --- | --- | --- |
| NAME | EMAIL ADDRESS | OTHER CONTACT INFORMATION (optional) |
|  |  |  |

1. MANUSCRIPT WORKING TITLE:
2. CFR PROJECT ID & TITLE: What CFR project is associated with this manuscript?

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| CCFR Project ID | Project Title |
| C- |  |

1. QUESTION: What question is the manuscript addressing?
2. DESIGN: What type(s) of design(s) is(are) being used?
3. DATA:
	1. Which CFR centers’ data will be used in this manuscript (**please check your analytic dataset and check the appropriate box(es)**) (NN = CENTER\_ID)

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| --- | --- | --- | --- | --- | --- | --- |
| 11-Ontario | 12-CedarsSinai | 13-Australia | 14-Hawaii | 15-Mayo | 16-Seattle | 17-UCSF |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Cedars-Sinai is the former USC consortium center; UCSF is the former CPIC center. |

1. What data will be used (check box(es))?

|  |  |  |
| --- | --- | --- |
|[ ]  Family history/cancer |[ ]  Baseline diet |[ ]  Germline molecular |
|[ ]  Baseline epi/risk factors |[ ]  CRC pathology |[ ]  Somatic molecular |
|[ ]  Follow-up epi/risk factors |[ ]  Clinical/treatment |[ ]  GWAS |
|[ ]  Self-derived data from tested CCFR biospecimens, describe:  |

1. Which GWAS data set(s) will be used, if any [ ]  None [ ]  Individual level [ ]  Summary level

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GWAS PI: | G Casey | G Casey | S Gruber | S Gruber | G Casey | Le Marchand |
| Data set | Set-1 | Set-2 | Set-3 | Set-4 | Set-5 | Minority |
| Platform | Illumina1M/1M-Duo | IlluminaOmni1 | AffymetrixAxiom | IlluminaOncoArray | InfiniumOncoArray  | Illumina1M |
| CFR Centers\* | A O S | All but U | A C M O S | ALL but U | ALL | C H S U |
| Check box(es) |[ ] [ ] [ ] [ ] [ ] [ ]
| \*A-Australia; C-Cedars-Sinai/USC; H-Hawaii; M-Mayo; O-Ontario; S-Seattle; U-UCSF/CPIC |  |

1. What data will be generated, if any?
2. SUBJECTS: Which subjects are involved (if any)?
3. ANALYSIS: What statistical method(s) is(are) being used?
4. POTENTIAL AUTHORSHIP: Who from the CCFR has already contributed to the manuscript and earned authorship according to the Vancouver Guidelines?
5. POTENTIAL CONTRIBUTION: What contributions to earn authorship will be available to individuals responding to this registration form? (Check box(e))

|  |
| --- |
|[ ]  Study concept and design |
|[ ]  Analysis and interpretation of the data (statistical analysis, biostatistics, computational analysis |
|[ ]  Development of methodology |
|[ ]  Drafting of the manuscript |
|[ ]  Critical revision of the manuscript for important intellectual content |
|[ ]  Review and approval of final manuscript |
|[ ]  Administrative, technical, material support (organizing data, constructing databases) |
|[ ]  Other, specify:  |

1. PROJECTED DATE FINAL MANUSCRIPT will be submitted to CCFR for final review\*\*

**Thank you!** Please send the completed form to Allyson Templeton (atemplet@fredhutch.org).

\*\*Once your manuscript is ready for submission to a journal and has been reviewed by all CCFR co-authors, please submit a copy of it and a CCFR Manuscript Checklist with Section I completed to Allyson Templeton (atemplet@fredhutch.org).

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