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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))?

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| --- | --- | --- | --- | --- | --- |
|  | 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 | Illumina  1M/1M-Duo | Illumina  Omni1 | Affymetrix  Axiom | Illumina  OncoArray | Infinium  OncoArray | Illumina  1M | | |
| 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](mailto: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](mailto:atemplet@fredhutch.org)).

The CCFR Policy on Publications and CCFR Manuscript Checklist can be found at [www.coloncfr.org/publications](http://www.coloncfr.org/publications).