

**Cancer Prevention and Outcomes Data Shared Resource  
University of Wisconsin Carbone Cancer Center  
Proposal for Service**

<b>Project Title:</b>			
<b>Date of Request (mm/dd/yy)</b>	<b>Principal Investigator</b>	<b>Project Contact Name</b>	<b>Department</b>
<b>Contact information offered is for:</b> <input type="checkbox"/> PI <input type="checkbox"/> Project Contact	<b>Phone</b>	<b>FAX</b>	<b>Email</b>
<p><b>1. Please provide 3-5 sentences describing the primary objectives of the project for which you are requesting C-POD support.</b></p>     			
<p><b>2. Briefly describe the study participants/respondents. Please include details of your protocol that impact the time and complexity of your project, including the length of time you plan to be collecting data and the number of times you plan to survey participants. (That is, is this a one-time survey or will be you be following participants for a period of time and surveying again?)</b></p>     <p style="text-align: center;"><b>Approximate # of Participants:</b></p>			
<p><b>3. What is the intended use for the data collected by the C-POD?</b></p> <p><input type="checkbox"/> <b>Project with grant submission planned to secure funds</b>                    <b>Grant agency name:</b>                    <b>Intended date of grant submission:</b>                    <b>Grant mechanism:</b>      <b>NCI RO1, RO3, or UO1</b>    <b>Other NIH</b>    <b>Other Non-Federal:</b></p> <p><input type="checkbox"/> <b>Funded Project</b>                    <b>Grant Agency Number:</b>                    <b>Grant Agency Name:</b></p> <p><input type="checkbox"/> <b>Publication in a peer-reviewed journal</b></p> <p><input type="checkbox"/> <b>Other</b>                    <b>Describe:</b></p>			

4. What type of services do you need? Check all that apply.

- Project Development:**  
 Consultation in the areas of (check as many as apply):
- |  |   |
|--|---|
| <input type="checkbox"/> Study design                      | <input type="checkbox"/> Developing budgets   |
| <input type="checkbox"/> Participant selection/recruitment | <input type="checkbox"/> Questionnaire design |
| <input type="checkbox"/> Data entry                        | <input type="checkbox"/> Grant text           |
| <input type="checkbox"/> Tracking system development       | <input type="checkbox"/> Other (Describe):    |
- Data Collection: Web-based survey or iPad**  
 Approximate number of survey questions:  
 Number of surveys:
- Data Collection: Telephone interviews**  
 Approximate length of interview in minutes:  
 Number of interviews:
- Data Collection: Mailed surveys**  
 Length of survey in pages:  
 Number of survey to be mailed:
- Data Entry**
- Other Service (Describe):**

5. Do you have an electronic listing of the study participants?

- No  
 Yes

6. Is Human Subjects approval required to perform this survey?

- No  
 **Yes: Approved:**                      **Approval Date:**  
    **Pending**  
 Unsure

7. What is your targeted launch date?

**PLEASE ATTACH A COPY OF THE RESEARCH PLAN, PROJECT SURVEY AND THE PROJECT IRB APPROVAL NOTICE (IF APPLICABLE).**

**Return to:**  
**Xiao Zhang**  
**Cancer Prevention and Outcomes Data Shared Resource**  
**307 WARF Building**  
**Tel: (608) 265-8780**  
**FAX: (608) 265-5330**  
**email: xzhang@uwcarbone.wisc.edu**

FOR C-POD USE ONLY:

Date Reviewed

UWCCC Member Name

Priority Code Assigned

Affiliation