

**Concept Paper Form**

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| --- |
| **Provisional Paper Title:** [Title] |
| **Proposing Author:** [Author] |
| **Author’s Email:** Click or tap here to enter text. |
| **P.I. Sponsor:** Click or tap here to enter text.(if the proposing author is a student or colleague of an original PI) |
| **Today’s Date:** Click here to enter date |

Please describe your proposal in 2-3 pages with sufficient detail for helpful review.

**Objective of the study:**

**Data analysis methods:**

**Variables needed at which ages:**

**Significance of the Study (for theory, research methods or clinical practice):**

**References cited:**

**Data Security Agreement**

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| --- |
| **Provisional Paper Title:** [Title] |
| **Proposing Author:** [Author] |
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|  |  |
| --- | --- |
|  | I am current on Human Subjects Training (CITI (www.citiprogram.org) or equivalent) |
|  | My project is covered by the Duke ethics committee OR I have /will obtain ethical approval from my home institution. |
|  | I will treat all data as “restricted” and store in a secure fashion.  My computer or laptop is:  a) encrypted (recommended programs are FileVault2 for Macs, and Bitlocker for Windows machines)  b) password-protected  c) configured to lock-out after 15 minutes of inactivity AND  d) has an antivirus client installed as well as being patched regularly. |
|  | I will not "sync" the data to a mobile device. |
|  | In the event that my laptop with data on it is lost, stolen or hacked, I will immediately contact Moffitt or Caspi. |
|  | I will not share the data with anyone, including my students or other collaborators not specifically listed on this concept paper. |
|  | I will not post data online or submit the data file to a journal for them to post.  *Some journals are now requesting the data file as part of the manuscript submission process. Study participants have not given informed consent for unrestricted open access, so we have a managed-access process. Speak to Temi or Avshalom for strategies for achieving compliance with data-sharing policies of journals.* |
|  | I will delete all data files from my computer after the project is complete. Collaborators and trainees may not take a data file away from the office.  This data remains the property of the Study and cannot be used for further analyses without an approved concept paper for new analyses. |
|  | I have read the Data Use Guidelines and agree to follow the instructions. |

**Signature:** Click or tap here to enter text.

**CONCEPT PAPER RESPONSE FORM**

**A**

|  |  |
| --- | --- |
| Provisional Paper Title | [Title] |
| Proposing Author | [Author] |
| Other Contributors | Click or tap here to enter text. |
| Potential Journals | Click or tap here to enter text. |
| Today’s Date: Click here to enter date | |
| Intended Submission Date: Click here to enter date | |

***Please keep one copy for your records and return one to the proposing author***

**B.** To be completed by potential co-authors:

|  |  |
| --- | --- |
|  | Approved |
|  | Not Approved |
|  | Let’s discuss, I have concerns |

Comments: Click here to enter text

Please check your contribution(s) for authorship:

|  |  |
| --- | --- |
|  | Conceptualizing and designing the longitudinal cohort study |
|  | Conceptualizing data collection protocols and creating variables |
|  | Data collection |
|  | Conceptualizing and designing this specific paper project |
|  | Statistical analyses and interpretation (or reproducibility check) |
|  | Writing |
|  | Reviewing manuscript drafts |
|  | Final approval before submission for publication |
|  | Agreement to be accountable for the work |
|  | Acknowledgment only, I will not be a co-author |

**Signature:** Click here to enter text