

Sister Study Early Study Concept (ESC) Form

Please complete the on-line application available after logging onto Sister Study STaRS

A. ADMINISTRATIVE		(For Sister Study Use) SISTER STUDY ID: _ _ _ _ - _ _ _ _
A.1 DATE OF SUBMISSION: _ _ / _ _ / _ _ Month Day Year	A.2 IS THIS A RE-SUBMISSION? <input type="checkbox"/> YES: PROVIDE SISTER STUDY ID: _ _ _ _ - _ _ _ _ <input type="checkbox"/> NO	
A.3 PROJECT TITLE: _____		
A.4 CORRESPONDING INVESTIGATOR: _____		
Affiliation <input type="checkbox"/> NIEHS EB/BB <input type="checkbox"/> NIEHS Other <input type="checkbox"/> Other	Phone: _ _ _ - _ _ _ - _ _ _ _	
Institution: _____	Fax: _ _ _ - _ _ _ - _ _ _ _	
Department: _____	E-mail: _____	
Street: _____		
City: _____ State: _____ Zip: _____		
Country: _____		
A.5 HAVE YOU SIGNED THE SISTER STUDY DATA SHARING AGREEMENT (DSA)? All investigators must sign and submit the DSA for each new ESC application. If this is a new application, please attach the signed DSA to the Attachments tab at the end of your ESC application. <input type="checkbox"/> YES <input type="checkbox"/> NO		
A.6 DO YOU HAVE AN NIEHS CO-INVESTIGATOR(S) AT THIS TIME? If No, you can skip this question. If Yes, please specify co-investigator(s) by selecting a name from the dropdown list of investigators and clicking "Add Co-Investigator" to confirm each co-investigator that you select. If you do not click "Add Co-Investigator", the co-investigator will not be added to your application. If the co-investigator is not listed in the dropdown menu, select "Add New" at the end of the dropdown menu and fill in the co-investigator's name and other detailed information.		
NIEHS CO-INVESTIGATOR #1: _____		
Affiliation <input type="checkbox"/> NIEHS EB/BB <input type="checkbox"/> NIEHS Other	Phone: _ _ _ - _ _ _ - _ _ _ _	
Institution: _____	Fax: _ _ _ - _ _ _ - _ _ _ _	
Department: _____	E-mail: _____	
Street: _____		
City: _____ State: _____ Zip: _____		
Country: _____		
NIEHS CO-INVESTIGATOR #2: _____		
Affiliation <input type="checkbox"/> NIEHS EB/BB <input type="checkbox"/> NIEHS Other	Phone: _ _ _ - _ _ _ - _ _ _ _	
Institution: _____	Fax: _ _ _ - _ _ _ - _ _ _ _	
Department: _____	E-mail: _____	
Street: _____		
City: _____ State: _____ Zip: _____		
Country: _____		
B. RESEARCH PROJECT INFORMATION:		
B.1 STUDY SYNOPSIS: Provide a paragraph briefly describing your study concept.		
B.2 SPECIFIC AIMS OF THE PROPOSAL: Provide one to two paragraphs describing the specific aims of the study, including the hypotheses to be tested.		

C. DATA SOURCES

Check the study and data sources that this proposal will involve (Mark all that apply):

C.1 STUDY: Sister Study Two Sister Study

C.2 BASELINE DATA:

a. CATI

b. Self-Administered Questionnaires:

Family history Past 24 hours
 Personal care Diet

c. Examiner

C.3 FULL COHORT FOLLOW-UP DATA:

Annual Update Biennial/Triennial

C.4 BREAST CANCER FOLLOW-UP DATA:

CATI Medical Records/Pathology

C.5 BIOLOGICAL SAMPLES:

C.6 ADDITIONAL EXISTING DATA:

- Existing Laboratory Results (e.g., methylation data)
- Existing Environmental Exposure Measurements (e.g., air pollution data)
- CDC Special Survey (Sister Study participants without breast cancer)
- CDC Survivorship Survey (Sister Study and Two Sister Study participants with breast cancer)
- Other Existing Data

Please explain: _____

C.7 RECONTACTING COHORT:

D. ATTACHMENTS:

Attach your signed Sister Study Data Sharing Agreement and any additional materials you think may assist reviewers to evaluate your application. Click "**Browse**" to select a file and then click "**Upload File**" to attach the file to your application.

Please also attach any image or graphic that is part of the **Research Project Information** (Section B). NOTE: If you attempt to enter an image or graphic into one of the **Research Project Information** entry fields and it does not appear in the entry field, you must save the item as a separate file (e.g. Word, PDF, Excel, or PowerPoint) and upload it to the application as an attachment. Please make sure to reference the attachment in the **Research Project Information** section and provide the complete file name as it appears on the Attachments page, so reviewers can identify it.