**SHARC Concept Submission Form**

The Southern HIV & Alcohol Research Consortium (SHARC) welcomes national and international collaborations with investigators. The efforts of investigators in collaboration with SHARC have produced research and publications of significant scientific merit, not only in the study of HIV/AIDS, but in public health.

Investigators are requested to submit ideas for research via an online Concepts Submission process. There are two parts to this Concept Submission form: 1) Administrative information related to your Concept, and 2) Uploaded Concept Research Plan. Prior to Concept submission, prospective investigators are encouraged to review their proposed research with either a SHARC Faculty Mentor (for internal investigators) or a SHARC collaborator (for external investigators).

If you have questions related to the Concepts submission process, please contact the SHARC Concepts Administrator at [SHARCConcepts@phhp.ufl.edu](mailto:SHARCConcepts@phhp.ufl.edu)

**ConceptIDV**

The Concept ID will be assigned by the Concept System Administrator if you are submitting a Concept for the first time.

If this is a revision, please provide the original Concept ID number and a brief summary of changes.

**Lead Investigator** \*

Please provide: Prefix followed by First Name and Last Name.

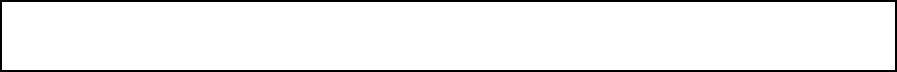


**Email** \*



**Telephone Number**

Please include area code.



**Institution** \*



**Is the Lead Concept Investigator currently a student? \***

Select One:

* Yes
* No

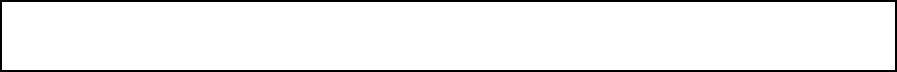
**How is the Lead Concept Investigator affiliated with SHARC? \***

Select One:

* SHARC Core Faculty
* SHARC Affiliated Faculty
* Staff
* Student
* Not currently affiliated with SHARC
* Other

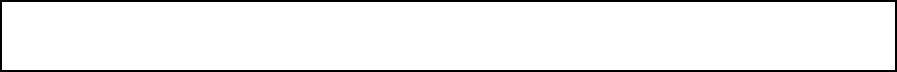
**Co-investigators / Writing Group Members \***

Please list all collaborators who will work on the proposed Concept.

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**Concept Title \***

**STUDY AIMS \***

****

**Key Words \***



**Research Project from which Data is Requested \***

NOTES: SHARC data may include variables (e.g., viral load, HIV care continuum variables in medical records, etc.) from the linked HIV surveillance data maintained by the Florida Department of Health (FLDOH). Any Concept involving FLDOH data will be submitted to FLDOH for review and approval. A FLDOH Data Use Agreement is required prior to data sharing.

* 30-Day Challenge
* Florida Cohort (Phase I)
* Florida Cohort (Phase III / Wave 3)
* MAPLE Study
* MMP
* SHARC Contact Registry
* WHAT-IF
* SHARC Research Contact Registry
* Merged data from multiple studies (select all requested studies above)

**Specify whether an Ancillary Project involving the collection of new data is requested (select all that apply): \***

* Additions to existing questionnaire
* Additional clinical and physical measures
* Additional project module
* No Ancillary Projects are requested

**Submission Type \***

NOTE: If the Concept proposes new aims, substantially different data elements to be collected and/or analyzed, a significantly expanded scope, sub-studies, or will result in the publication of an additional manuscript, a new Initial Concept must be submitted.

* Initial A New/Original Concept submission
* Revision An updated or strengthened Concept submission
* PreConcept A request that defines a few variables for a sample dataset to be analyzed with the objective of developing a Concept

**Concept Form & Research Plan \***

Using the template: SHARC Concept Research Plan (available at: <https://sharc-research.org/research/data/sharc-concepts-system/> ), please upload a Research Plan that includes a detailed approach to data analysis and identifies the Concept Investigator or Co-investigator who will be responsible for performing the data analysis. If this is a revision, upload the original Concept Research Plan with highlighted or tracked changes/revisions.

Attach file

Drop files here

**Have all the Working Group members reviewed and approved the Concept Research Plan? \***

* Yes
* No

**Will the Concept Investigator require subject area expertise from outside the proposed Concept Working Group to analyze one or more variables specified in the Concept? \***

Please identify all subject area(s) in which expertise is needed.

**Please provide any additional information that is important to the review of this Concept.**

**Faculty Mentoring Plan**

Upload the Faculty Mentoring Plan for the Lead Concept Investigator if s/he is a student or staff member. (The Faculty Mentoring plan is a communication from the student's Faculty Mentor or a SHARC Core or Affiliate Faculty Mentor to affirm that s/he has full knowledge of the proposed Concept and is available to guide the student Concept Investigator in carrying out the research.)

Attach file

Drop files here

**Before submission, please review, acknowledge, and agree to the following: \***

* I have reviewed and agree to abide by the SHARC Concept and Publication Policies and Procedures.
* All information that I provide in this Concept is complete and correct as submitted.
* Use of data or specimens is restricted to the aims outlined in the Research Plan.
* IRB approval has been, or will be, obtained before any data and/or specimens are received.
* I will complete a SHARC Data Use Agreement (DUA) if this proposal receives approval and requires one.
* Abstracts resulting from approved Concepts MUST be submitted to SHARC for approval prior to submission to a conference. Manuscripts must be submitted to SHARC for approval prior to submission to a journal.
* Under no circumstances will I make any SHARC data study subject ID number public in either documents or presentations, e.g., journal articles, abstracts, oral or poster presentations, or on any website.
* The Lead Concept Investigator for each approved Concept must submit a quarterly progress report. If no progress report is received after two email reminders, approval for the Concept will automatically expire.
* My signature below indicates a complete review and acceptance of the guidelines for collaborations, publication, and acknowledgment as outlined in the policies and procedures manual.

**Signature \***

Please type your initials to represent your signature.

**Submission Date \***



Never submit passwords through Airtable forms.