**ABSTRACT, PROPOSAL, AND**

**MANUSCRIPT TRACKING FORM**

FORM CODE: **MTS**

VERSION: **2.0 02/22/2024**

0a) Tracking #: **MS** [ ]  [ ]  [ ]  / **SM** [ ]  [ ]  [ ]

*Note: Please leave item 0a blank. It will be entered by the GIC staff upon submission review.*

***Instructions****: This form is used to facilitate the review and tracking processes for abstracts, manuscript proposals, draft manuscripts, and published manuscripts. The user guide can be accessed by clicking the link in the top right corner of the screen. If you run into any issues while completing the form and/or have questions, please reach out to Genomics and Informatics Center at UNC Chapel Hill (GIC) staff directly.*

1) Date of submission: [ ]  [ ]  / [ ]  [ ]  / [ ]  [ ]  [ ]  [ ]

2) Associated study (please select all that apply):

2a) [ ]  SPIROMICS

2b) [ ]  SOURCE

2c) [ ]  Other

 2c1) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Research scope (please select one):

 [ ]  COPD research1

[ ]  Non-COPD research2

[ ]  Other3

 3a) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Full title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4a) Brief overview of the manuscript: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Note: Please restrict your response in item 4a to 400 characters or less.*

4b) May the proposer last name, manuscript study title, and a brief overview be shared via the cohort’s publicly accessible website?

 [ ]  No0

 [ ]  Yes1

*Note: The proposer last name, manuscript study title, and brief overview will only be posted to the website if approved by the cohort Publications Committee. The details of the proposal will not be shared publicly but only with the cohort committee members for required reviews.*

5) Abbreviated title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Type of submission (please select one):

 [ ]  Manuscript proposal1

 [ ]  Draft manuscript2 **→ Go to 21**

 [ ]  Published manuscript3 **→ Go to 24**

**Manuscript Proposal Information**

*Note: The Publications Committee policy requires manuscript proposals be circulated/presented to all applicable investigators, committees, and/or working groups prior to submission. These lists can be accessed via the* [*SPIROMICS website*](https://www5.cscc.unc.edu/spiromics/)*.*

7) Was this proposal circulated to required investigators?

 [ ]  No0

 [ ]  Yes1

7a) If you think that this proposal is excluded from the policy around circulation (e.g., highly technical manuscript or multi-network manuscript not originated from SPIROMICS/SOURCE), please explain in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7b) Does this proposal originate from C4R, COPDGene, or TOPMed?

 [ ]  No0

 [ ]  Yes1

*Note: If Yes, you are not required to complete the remainder of this form. Please attach the supporting cohort’s submission form and any other relevant documents in the attachment area at the end of this form. Additional instructions on how to attach files can be found in the user guide linked in the top right corner.*

7c) Per the SPIROMICS and SOURCE Publications Policy, were two emails sent, one week apart, to

 all investigators prior to the proposal being written?

 [ ]  No0

 [ ]  Yes1

8) Was this proposal presented to a committee(s) and/or working group(s)?

[ ]  No0**→ Go to 8i**

[ ]  Yes1

 If Yes, please select all committees and/or working groups that the proposal was presented to:

 8a) [ ]  Bronchoscopy

8b) [ ]  Data Quality

8c) [ ]  Exacerbation

8d) [ ]  Genetics, Genomics, and Biomarkers

8e) [ ]  Imaging

8f) [ ]  Physiology

8g) [ ]  Social and Environmental Exposures

8h) [ ]  Other

 8h1) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8i) Is there a writing group?

 [ ]  No0**→ Go to 9**

 [ ]  Yes1

 8i1) If Yes, please list all members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) Will the manuscript proposal be presented as an abstract at a conference or meeting?

[ ]  No0**→ Go to 10**

[ ]  Yes1

9a) Conference or Meeting being submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9b) Conference or Meeting submission deadline: [ ]  [ ]  / [ ]  [ ]  / [ ]  [ ]  [ ]  [ ]

9c) Conference or Meeting date: [ ]  [ ]  / [ ]  [ ]  / [ ]  [ ]  [ ]  [ ]

9d) Is the proposer also the meeting presenter?

 [ ]  No0

 [ ]  Yes1**→ Go to 10**

 9d1) Presenter full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Related ancillary study (please select one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11) Keywords (please enter at least 3):

11a) Keyword 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11b) Keyword 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11c) Keyword 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11d) Keyword 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11e) Keyword 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11f) Keyword 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author Information**

12) Is the proposer the proposal lead author?

 [ ]  No0

 [ ]  Yes1**→ Go to 12c**

 12a) Proposer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12b) Proposer institution affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12c) Lead author name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12d) Lead author title (select all that apply):

 12d1) [ ]  MD

 12d2) [ ]  DO

 12d3) [ ]  PhD

 12d4) [ ]  MPH

 12d5) [ ]  MS

 12d6) [ ]  Other

 12d6a) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12e) Lead author institution affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12f) Lead author address:

 12f1) Address line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12f2) Address line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12f3) City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12f4) State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12f5) Zip code: [ ]  [ ]  [ ]  [ ]  [ ]

 12g) Lead author phone number: ([ ]  [ ]  [ ] ) [ ]  [ ]  [ ]  - [ ]  [ ]  [ ]  [ ]

 12h) Lead author email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Note: Items 12i1-12i2 contain a drop-down list sorted by last name. As you begin typing a last name, the field will default to that last name. As multiple authors may have similar last names, you may be required to scroll via the drop-down list to locate the associated first and last name. If an author’s name is not included in this list, please freely type their first and last name in items 12j1-12j3.*

 12i) Is there another lead author not listed in 12c?

[ ]  No0**→ Go to 13**

[ ]  Yes1

 12i1) Other lead author name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12i2) Other lead author name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12j) Other lead author name not listed in 12c, 12i1, or 12i2?

[ ]  No0**→ Go to 13**

[ ]  Yes1

 12j1) Other lead author name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12j2) Other lead author name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12j3) Other lead author name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: If you are not a current study investigator, please list name(s) of sponsoring or mentoring principal investigator(s) and/or ancillary study principal investigator(s) to indicate that they have reviewed and approved this submission. If you will be using ancillary study data, the ancillary study principal investigator(s) must also be listed as one of the sponsoring or mentoring principal investigator(s). The primary sponsoring or mentoring principal investigator(s) often has the same institution affiliation as the lead author, but it is not a policy/requirement.*

13) Is there a sponsoring or mentoring study specific principal investigator?

[ ]  No0

[ ]  Yes1**→ Go to 13b**

13a) If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**→ Go to 14**

*Note: Item 13b1 contains a drop-down list sorted by last name. As you begin typing a last name, the field will default to that last name. As multiple authors may have similar last names, you may be required to scroll via the drop-down list to locate the associated first and last name. If an author’s name is not included in this list, please freely type their first and last name in item 13b2.*

13b) If Yes:

13b1) Sponsoring or mentoring study specific PI name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13b2) Other sponsoring or mentoring study specific PI name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13c) Did the sponsoring or mentoring study specific principal investigator review and sign off on this submission?

 [ ]  No0

 [ ]  Yes1**→ Go to 14**

 13c1) If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) Is this on behalf of the SPIROMICS & SOURCE investigators?

[ ]  No0

 [ ]  Yes1

*Note: Items 14a-14t contain a drop-down list sorted by co-author last name. As you begin typing a last name, the field will default to that last name. As multiple co-authors may have similar last names, you may be required to scroll via the drop-down list to locate the associated first and last name. If a co-author’s name is not included in this list, please freely type their first and last name in items 14u-14nn.*

Please list all co-authors:

 14a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14f) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14g) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14j) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14k) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14l) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14m) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14o) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14p) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14q) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14r) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14t) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14u) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14v) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14w) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14x) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14y) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14z) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14aa) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14bb) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14cc) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14dd) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14ee) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14ff) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14gg) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14hh) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14ii) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14jj) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14kk) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14ll) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14mm) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14nn) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Information**

15) Where will the data analysis be performed for this proposal? (please select one)

[ ]  Data Coordinating Center at UNC Chapel Hill1

[ ]  Other data coordinating center2

[ ]  Study site3

[ ]  Other4

 15a) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16)What data will be analyzed as a part of this proposal (please select all that apply):

 16a) [ ]  SPIROMICS Baseline / Visit 1

16b) [ ]  SPIROMICS Visit 2

16c) [ ]  SPIROMICS Visit 3

16d) [ ]  SPIROMICS Visit 4

16e) [ ]  SPIROMICS Visit 5

16f) [ ]  SPIROMICS I Exacerbation Substudy

16g) [ ]  SPIROMICS II Visit 5 Exacerbation Substudy

16h) [ ]  SPIROMICS I Bronchoscopy Substudy

16i) [ ]  SPIROMICS II Visit 5 Bronchoscopy Substudy

16j) [ ]  SPIROMICS I Repeatability Substudy

16k) [ ]  SPIROMICS I Endpoints Substudy

16l) [ ]  SPIROMICS II Visit 5 Heart Failure Ancillary Study

16m) [ ]  SPIROMICS II Visit 5 C4R Ancillary Study

16n) [ ]  SPIROMICS GWAS array

16o) [ ]  SPIROMICS TOPMed (DNA/RNA sequencing and/or proteomics)

16p) [ ]  SPIROMICS Metabolomics

16q) [ ]  SOURCE Baseline / Visit 1

16r) [ ]  SOURCE 18 Month / Visit 2

16s) [ ]  SOURCE 3 Year / Visit 3

16t) [ ]  SOURCE Bronchoscopy Substudy

16u) [ ]  SPIROMICS Ancillary Study

16u1) If SPIROMICS Ancillary Study data, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16v) [ ]  SOURCE Ancillary Study

16v1) If SOURCE Ancillary Study data, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16w) [ ]  Other

 16w1) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) Is this proposal primarily the result(s) of an approved ancillary study?

[ ]  No0 **→ Go to 18**

[ ]  Yes1

17a) If Yes, which ancillary study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18) Is this proposal affiliated with an NIH grant award?

[ ]  No0 **→ Go to 19**

[ ]  Yes1

18a) If Yes, what is the funding mechanism?

[ ]  K081

[ ]  K232

[ ]  KL23

[ ]  R014

[ ]  U015

[ ]  U246

[ ]  Other7

 18a1) If Other, please specify: [ ] [ ] [ ]

19) Is this proposal a dissertation?

[ ]  No0

[ ]  Yes1

20) Does this proposal include pilot study results?

[ ]  No0

[ ]  Yes1

**Draft Manuscript Information**

21) Is this a consortium paper?

 [ ]  No0 **→ Go to 22**

 [ ]  Yes1

 If Yes:

21a) Consortium paper name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21b) Consortium paper member studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21c) Consortium paper goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22) Are you submitting to bioRxiv or another preprint server?

 [ ]  No0

 [ ]  Yes1

23) What is the target journal(s) for this manuscript submission (please select all that apply):

23a) [ ]  American Journal of Respiratory and Critical Care Medicine

23b) [ ]  Annals of the American Thoracic Society - ATS Journals

23c) [ ]  Chest

23d) [ ]  Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation

23e) [ ]  European Respiratory Journal - European Respiratory Society

23f) [ ]  International Journal of Chronic Obstructive Pulmonary Disease

23g) [ ]  JAMA- Journal of the American Medical Association

23h) [ ]  Lancet Respiratory Medicine

23i) [ ]  Metabolites

23j) [ ]  The New England Journal of Medicine

23k) [ ]  PLOS

23l) [ ]  Respiratory Research

23m)[ ]  Scientific Reports

23n) [ ]  Thorax

23o) [ ]  Other

 23o1) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Published Manuscript Information**

24) On what date was the manuscript published? [ ]  [ ]  / [ ]  [ ]  / [ ]  [ ]  [ ]  [ ]

25) What is the full title of the published manuscript? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26) What journal accepted/published this manuscript? (please select one)

[ ]  American Journal of Respiratory and Critical Care Medicine1

[ ]  Annals of the American Thoracic Society - ATS Journals2

[ ]  Chest3

[ ]  Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation4

[ ]  European Respiratory Journal - European Respiratory Society5

[ ]  International Journal of Chronic Obstructive Pulmonary Disease6

[ ]  JAMA- Journal of the American Medical Association7

[ ]  Lancet Respiratory Medicine8

[ ]  Metabolites9

[ ]  The New England Journal of Medicine10

[ ]  PLOS11

[ ]  Respiratory Research12

[ ]  Scientific Reports13

[ ]  Thorax14

[ ]  Other15

 26a) If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27) Does this published manuscript have a PubMed ID?

[ ]  No0

[ ]  Yes1

 27a) If Yes, what is the PubMed ID: [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

***Instructions****: Please attach all relevant files including MS Word and/or PDF versions of the abstract, proposal, draft, final manuscript, figures, tables, slide presentation, poster, etc. for review. Information on how to attach files can be found in the user guide linked in the top right corner.*

Attached files

**END OF FORM**

*Note: Please leave item 28 blank. It will be entered by the GIC staff upon submission review.*

28) Publications Committee decision:

 [ ]  Not Approved0

 [ ]  Withdrawn1

 [ ]  Deferred2

 [ ]  Revise & Resubmit3

 [ ]  Approved4

28a) Date of decision: [ ]  [ ]  / [ ]  [ ]  / [ ]  [ ]  [ ]  [ ]