**INSTRUCTIONS FOR AUTHORS**

Authors interested in using FACES data for an abstract, poster, oral presentation, or manuscript are invited to submit concepts using the following procedure:

1. If you have already met with a mentor, have done a literature review, and have formulated a concrete evaluation question, please complete the FACES Concept Form.
2. Email completed form to Michelle Moghadassi (**michelle.moghadassi@ucsf.edu**).
3. If you do not have a mentor or do not know where to begin, email Michelle Moghadassi (**michelle.moghadassi@ucsf.edu**). The Evaluation Unit will meet with you to discuss your project, assist in finding an appropriate mentor, and help with completing the FACES Concept Form.
4. Please allow 6 to 9 months for concepts involving data extraction and analysis. Allow 4 months for requesting data without analysis work.
5. Additional data collection outside our EMR is discouraged and will require additional funding sources for the work and longer timelines for completion.

**Tips for successful concept submission:**

* Work closely with a FACES or FACES-affiliated mentor
* Do a thorough literature review and identify the knowledge gap and clinical significance your concept will be addressing
* Avoid additional data collection whenever possible as this will require additional funding and longer timeline to complete
* Completely fill out ALL sections of the concept form to be move your project forward (exception: the Analytical Approach can be filled in later by an analyst)
* Allow 6 – 9 months for completion of analysis once submitted

**Questions? Contact us:**

**Zachary Kwena**

Deputy Directory of Evaluation

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**Michelle Moghadassi**

Lead Statistician

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**CONCEPT/DATA SUBMISSION SHEET**

Carefully review the **Instructions for Authors** (above) then complete this concept sheet in full and submit it to **Michelle Moghadassi (michelle.moghadassi@ucsf.edu)**. If you are submitting the concept in preparation for a conference, please submit the request at least **6-9 months** prior to the abstract submission deadline. Please note: FACES program-related concepts that become abstracts/manuscripts will need CDC approval prior to submission to scientific conferences/venues.

|  |  |
| --- | --- |
| **Title/Topic** |  |
| **Key words** |  |
| **Date Submitted** |  |
| **Project Type** | Internal Report/Presentation  Scientific Abstract/Presentation/Oral/Poster  Manuscript |
| **Venue(s)**  *(conference/publication name, location and deadline for abstract submission)*  *(Note: only one international venue per approved abstract is permitted)* |  |
| **Due Date** | *Allow 6 to 9 months for approvals and analysis completion.* |
| **Travel/publication funding mechanism & estimated amount** *(in USD)* |  |
| **Principal (first) Author Name** |  |
| **Principal Author Contact Information** | *Email address, phone number, WhatsApp, Skype name* |
| **Designation & Institution** |  |
| **Work Station** |  |
| **Primary Mentor Name**  *(if applicable)* |  |
| **Other authors**  *(if known or applicable)* |  |
| **Indicate Program Area**  *(Tick all applicable)* | #1. HIV/AIDS Testing & Linkage  #2. HIV Care & Treatment  #3. Key Populations  #4. Women, Children, and Youth  #5. Systems and Informatics  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has a literature review been done?** | No  Yes |
| **Describe the knowledge gap you are addressing with this concept**  *(Overall reason/purpose for this study, evaluation, or data need)* | *Discuss 2 -3 references in your description of the knowledge gap.* |
| **Research Question or Objectives**  *(What you are trying to find out/examine)* |  |
| **Methods**  *(type of study design, data collection / abstraction process)* |  |
| **Describe Sample Cohort**  **Inclusion & Exclusion Criteria**  *(eg. sites, age range, gender, eligibility requirements)* |  |
| **Data inclusion dates** |  |
| **Describe Primary Outcomes & List Primary Variables of Interest** |  |
| **Secondary Outcomes** |  |
| **Analytical Approach** |  |
| **Data to be Extracted**   1. **Data Source (database name and form name)** 2. **List of specific variables needed from data source** 3. **Need once or over multiple time points (indicate time points if so)** |  |
| **Is chart abstraction or other additional data required?**  **(i.e not all data is in EMR)** | No  Yes 🡪 Funding source is required for additional chart abstraction work (Describe funding source below) |
| **Are additional data collection tools (abstraction forms, surveys, etc) needed?** | No  Yes 🡪 Funding source is required for additional work (describe below)  🡪 IRB / Human Subjects approval may be required (see below)  If yes, are tools already developed (please provide sample) or are tools to be developed with analyst? |
| **Resources Available**  *(Are additional resources available to support data collection or data management?)* | No  Yes – Describe funding source:\_\_\_\_\_\_\_\_\_\_ |
| **Ethical Approval**  Does this project fall within current ethical approved or will require separate IRB review?  *(if its data already captured within our forms, it falls within the program protocol)* | No – additional data outside of current forms will be used for data analysis 🡪 IRB / Human subject approval is required  Yes – all data is only coming from currently approved forms  I’m not sure |
| **FOR OFFICIAL USE ONLY** |  |
| **Date received** |  |
| **Date due** |  |
| **Screening review team preliminary approval date** |  |
| **Review team final approval date** *(Indicate if not applicable)* |  |
| **Request type** | Research  Non research |
| **Data request type** | Monitoring  Evaluation |
| **Data type** | Basic  Complex |
| **Data team assignment** | UCSF  KEMRI |
| **Analyst** *(Indicate if not applicable)* |  |
| **Date received by analyst** |  |
| **Date completed** |  |