**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 Jayne Kulzer (**Jayne.Kulzer@ucsf.edu**).
3. If you do not have a mentor or do not know where to begin, email Jayne Kulzer (**Jayne.Kulzer@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:**

**Jayne Kulzer**

Program Deputy Directory

Jayne.Kulzer@ucsf.edu

**CONCEPT/DATA SUBMISSION SHEET**

Carefully review the **Instructions for Authors** (above) then complete this concept sheet in full and submit it to **Jayne Kulzer (Jayne.Kulzer@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** |  |