

OMEGA-NET NIOSH COHORT INTEREST FORM

Full name of requestor: _____ Date of request: _____

Requestor's position/title: _____

Institution/Organization/Department: _____

Address: _____

Email: _____ Phone: _____

NIOSH Cohort(s) of interest (include name of the PI): _____

Proposed project start and end date: _____

Brief description of research aims and methods (≤300 words):

Brief description of data management and security plan (≤150 words):

This form will be reviewed by the respective cohort project officers and you will be contacted to schedule a time to discuss potential avenues for collaboration with the cohort principal investigator. Please note that some individual-level data may not be releasable due to privacy restrictions. This OMEGA-NET Cohort Interest Form does not constitute formal approval of collaboration, partnership, or a data use agreement [please check box to confirm you understand and agree to this].

Please submit the completed form electronically to Brian Curwin at bic4@cdc.gov with the subject heading, "OMEGA-NET NIOSH Cohort Interest Form".