

Request for Publication Committee Review Form

INSTRUCTIONS – please read carefully

- Be sure to complete the appropriate sections entirely.
- Clusters wishing to publish using their own data do not need to submit a concept/proposal.
 - They do need to submit the draft abstract, manuscript, web article etc. for review prior to publication in peer-reviewed journals or for use/sharing at externally sponsored conferences/symposia (e.g. IHI, HSM).
- Applicants wishing to publish using data from the collaborative (more than 1 cluster) must submit a concept/proposal.
- Approved concepts have a one (1) year time limit on exclusivity. If the approved concept does not result in a draft publication within one year, the applicant will lose the right to exclusive publication.
- All applicants are responsible for determining whether their use of data for publication requires Institutional Review Board (IRB) approval.
- Notification of published manuscript or other document should occur within 60 days of publication.
- All applicants/authors agree to abide by four criteria established by the International Committee of Medical Journal Editors (ICMJE):
 - Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
 - Drafting the work or revising it critically for important intellectual content; AND
 - Final approval of the version to be published; AND
 - Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- The Publication Committee will suggest interested committee members for the role of collaborator or secondary author.
 - Similarly, those requesting committee review can indicate that they would be interested in working with a more experienced or senior author; the committee will do its best to identify an appropriate resource.
- If submitting an abstract or manuscript for review, be sure to attach the file(s). Please submit this form, and any attachments to i-mpactcc@med.umich.edu
 - [The Manuscript Review Tool](#) for Authors is a useful tool available for reference.
- If you would like assistance with drafting any portion of your concept, or if you have any questions email Dr. Dave Bozaan dabozaan@umich.edu to request assistance.
- You may also refer to the [Concept Development Checklist](#) for assistance.

The above only represents a partial list of rules and conditions. Applicants are responsible for adhering to all rules and conditions; for a complete list see the Publication Committee SOP 1.0.

Hospital/PO Name(s)		Date of Submission	
Applicant Name(s)			
Type of Submission	<input type="checkbox"/> Notification of publication/poster/abstract etc. (complete Section 1 & Section 4 below)		
	<input type="checkbox"/> Draft Content for review e.g. abstract, manuscript* etc. (complete Section 2 & Section 4 below and attach files) <i>Submission Status:</i> <input type="checkbox"/> <i>New Submission</i> <input type="checkbox"/> <i>Revised Submission</i>		
	<input type="checkbox"/> Concept/Proposal (complete Section 3 & Section 4 below) <i>Submission Status:</i> <input type="checkbox"/> <i>New Submission</i> <input type="checkbox"/> <i>Revised Submission</i>		



Section 1: Notification of Publication – Complete this section ONLY if you are notifying the Publication Committee of a published document

1st Author Name	
Journal/Publication Name, or Conference (if abstract/poster)	
Date of Publication/Presentation	
Type of Article: Abstract, Poster, Manuscript, News	
Full Citation:	

Section 2: Draft Content for Review – Complete this section ONLY if you are submitting draft content (e.g. manuscript*, abstract) for review

Be sure to attach the file(s) to your email along with this form

1st Author Name	
Journal/Publication Name, or Conference (if abstract/poster)	
Type of Article: Abstract, Poster, Manuscript, News	

Section 3: Concept/Proposal – Complete this section ONLY if you are submitting a concept or proposal

General Information

Type of Data	<input type="checkbox"/> Individual/own cluster <input type="checkbox"/> Collaborative (more than 1 cluster)	
Is project in partnership with a non-I-MPACT team member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe partner (name, affiliation etc.)		

Proposed Title	
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Applicant

Name	
Institution	
Title	
Contact address	
Contact email	
Contact telephone	
Conflicts of Interest?	

Description

Purpose of concept
Rationale for concept
Preliminary analysis of single site data.

- Analyzing data from your own cluster, which you can do without Coordinating Center approval, is a good first start. You can ask your clusters Project Associate to run a query for you to obtain your cluster’s data from the I-MPACT Data Registry or Patient Reported Outcomes Survey (PROs) .
- Preliminary analysis of your site’s data helps the Publication Committee evaluate your proposal

Design including (as applicable):

- Which cases are you including and why? (e.g. eligible patients who received interventions and were not discharged to hospice)
- Which data elements are being evaluated/reviewed (e.g. data registry question numbers 10, 15 and 24)
- Have you worked with/identified a resource to advise you on statistical analysis? Please include any plan for analysis if available at this time?
- If comparison groups are used, please describe them
- Are there any other details necessary for reviewers to objectively evaluate the soundness of your study design?

Data Specification

Beginning and End period of data for inclusion in concept (mm/dd/yr through mm/dd/yr)	
Limits on selection of cases/surveys	
Data elements. Please include both the data element question number(s) and question text	
Proposed 1 st author	
List any other anticipated authors.	

Other relevant information:	
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Section 4 - Signatures

Primary Author/Applicant:

I have read this application and agree with it. To the best of my knowledge, all the information given on this form and my application form is accurate. I have read the Instructions and Conditions and agree to abide by them.

By typing my name below, I indicate my agreement to the principles above.

Name:		Date:	
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Section 5 – Publication Committee Use Only

I-MPACT Submission Tracking #	
Lead Reviewer:	
Other reviewers assigned:	
Committee Author/Collaborator Recommendations:	
Notes:	