Shark Tank Competition Resource Booklet

AMERICAN HEART ASSOCIATION

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Heart Rhythm Society Shark Tank Competition

Resource Booklet

Welcome to the Heart Rhythm Society Shark Tank Competition Resource Booklet. This guide has been developed by the American Heart Association (AHA) Quality Research team to equip participants with the essential tools and references needed to prepare strong, innovative proposals for consideration.

The Shark Tank competition provides investigators with a unique opportunity to shape the future of cardiovascular and stroke research through novel ideas grounded in the American Heart Association's Get With The Guidelines® (GWTG) national registries. These registries represent millions of patient encounters across U.S. hospitals and serve as one of the most comprehensive platforms for improving clinical care, validating guidelines, and generating new scientific discoveries.

To ensure fairness, transparency, and scientific rigor, all proposals must align with the standards outlined in the National-Level Research Policy and Research Checklist. This booklet brings together those core requirements along with key supporting resources to streamline your preparation and submission process.

What's Inside This Resource

- **National-Level Research Policy**
  Provides the framework for using GWTG registry data, proposal submission requirements, authorship guidelines, analytic processes, and publication expectations. Linked Here: GWTG-NationalLevel-Research-Policy_-Sep-2025.pdf
- **National Research Checklist**
  Summarizes required steps for abstract and manuscript development, including timelines for AHA review, coauthor approval, IRB compliance, conference presentation requirements, and publication obligations
- **Developing a Research Proposal to utilize National GWTG Data**
  1. Study questions (hypothesis and aims) need to be developed within the context of data acquired through the American Heart Association's Get With The Guidelines® programs.

2. The applicant should review the data elements collected across their program module of interest and review the collection rate to ensure that GWTG will have enough data in that element.

3. Avoid developing a proposal that has overlap with any published scientific research, including GWTG Publications and active projects listed on page 21.

    - Please feel free to reach out to any of our GWTG published authors to inquire on their study as they have experience using the GWTG national level data.

- **Sample Proposal Form**
  A template that illustrates the required structure and level of detail for proposals. This form will also serve as the basis for documentation once a project is awarded.

    - Please note awarded proposals will be submitted via Proposal Central.

Shark Tank Winners Checklist

To ensure a smooth transition from award to project initiation, all Shark Tank winners must complete the following actions:

1. Initial Contact

    - Within 1 week of the Heart Rhythm Society (HRS) Session, the Quality Research (QR) team will reach out via email to connect you with your assigned QR contact.

2. Proposal Submission

    - Submit your full project proposal to Proposal Central within 30 days of the HRS Session using the required proposal form.

3. Confidentiality Requirements

    - Complete and return the Non-Disclosure Agreement (NDA) and, if applicable, the IDDQ form prior to accessing registry data or beginning project work.

4. Research Policy and Checklist Compliance

    - After submission, your project will follow the established process outlined in the National-Level Research Policy and the National Research Checklist, including review timelines, authorship requirements, IRB compliance, and publication standards.

American Heart Association.

How to Use This Booklet

Before submitting a Shark Tank proposal, review the policy and checklist to familiarize yourself with the expectations for national-level research. Explore the active and published project lists to confirm your idea is novel and builds upon, rather than duplicates, prior work. Use the sample proposal form to shape your submission into a structured and competitive entry.

This resource is designed to not only prepare you for the Shark Tank competition but also to support your continued engagement with AHA Quality Research programs. By following these standards, you contribute to the collective mission of advancing evidence-based care, reducing disparities, and improving outcomes for patients nationwide.

National-Level Quality Programs Research Policy

Effective: September 8, 2025

Authority: American Heart Association National Quality Research Staff

Overview

The American Heart Association (AHA) Get With The Guidelines® (GWTG) is a hospital-based quality improvement program designed to close treatment gaps. Our GWTG programs include modules in atrial fibrillation, coronary artery disease, heart failure, resuscitation (adult and pediatric), and stroke. The AHA engages in quality programs such as Implementation Science, Healthcare Certification, Professional Certification and other AHA initiatives with data availability, researchers can develop study questions and submit a proposal to conduct an investigator-led research project.

The AHA collects millions of patient records in our quality programs, creating vast databases for advancing scientific research. Data are collected at the patient level in hospitals participating in AHA Quality Programs. Clinical encounters entered in the database are from U.S. hospitals only. Patient and hospital data are de-identified at an aggregate level. With this vast collection of data, AHA can translate research into potential improved practices, validate and support guidelines, as well as identify novel unique scientific findings to further promote quality improvement.

Using the data that are collected through AHA's national GWTG programs, researchers can develop study questions and submit a proposal to conduct an investigator-led research project.

Purpose

The purpose of this policy is to provide overview and direction for the use of AHA GWTG National Program Data and Quality Programs Research that is developed into abstracts and manuscripts of sound scientific merit, which are published at conferences and in peer-reviewed journals and may be used to drive the development of AHA Guidelines.

Hospital-Level Data Use and Research guidance can be found at Hospital-Level Research.

Responsibility

GWTG and quality programs participating hospitals, AHA Quality, Outcomes Research and Analytics Staff, GWTG Volunteer Leadership all have a responsibility and role to ensure this policy is followed.

Scope

This policy applies to all abstracts, publications, or any public facing material using National-Level GWTG or quality program data. This policy document is in addition to the Science Research Policy and does not overlap or disregard it. This does not include industry funded narratives.

Policy Statement

The AHA has a responsibility to ensure National-Level Research is of high scientific merit, as it is often used to drive AHA clinical practice guidelines. National-Level Research proposals must be submitted using a standardized process outlined below and approved abstracts and manuscript drafts must be reviewed by AHA National Quality Research staff, the Systems of Care Advisory Group (SOCAG), and AHA Science.

American Heart Association.

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I. General Information

A. Definitions

- **Designated Analytic Center**: A center commissioned by the AHA and/or its volunteer leadership which may perform statistical analysis on Get With The Guidelines® datasets for strategic analyses.
- **Early Career Investigator (ECI)**: PhDs and/or MDs who are current residents, fellows in training or have completed training within the last five years, or other doctoral prepared professionals who are early in their career development and have interest in cardiovascular or stroke research.
- **Get With The Guidelines® (GWTG)**: Get With The Guidelines® (GWTG) is a hospital-based quality improvement program designed to close treatment gaps. Our Quality Programs include modules in atrial fibrillation, coronary artery disease, heart failure, resuscitation (adult and pediatric), and stroke. The COVID-19 CVD Registry powered by Get With The Guidelines is AHA's newest national quality improvement program and registry.
- Quality Certification Tool (QCT): The QCT is a portal used for maintaining compliance with the program requirements, document submission and storage, quality measure data entry and as a general resource for your chosen certification or quality improvement program or initiative.
- **Researcher (Principal Investigator)**: The individual responsible for the preparation, conduct, and administration of the research study.
- **Statistical Analysis Plan (SAP)**: A document that provides detail on the scope of planned analyses, population and data definitions, and methodology.
- **Systems of Care Advisory Group (SOCAG)**: American Heart Association volunteer leadership committees that guide the direction of the quality programs.

B. Data availability and statistical analytics:

1. Data is available for research from the following GWTG modules:
    - Atrial Fibrillation (AFIB)
    - Coronary Artery Disease (CAD)
    - Heart Failure
    - Stroke
    - Resuscitation (Adult and Pediatric)
2. Analytic channels:
    - **AHA Precision Medicine Platform**: A strategic AHA initiative that is a cloud-based analytic workspace with access to datasets and is comprised of common tools and software used for statistical analysis.
        - Approved statistical analyses can be performed on the Precision Medicine Platform by the researcher's Biostatistical Team, by the AHA Data Science Team, or a combination of the two teams.
    - **AHA Data Science Team**: May be contracted to provide full-service analytic support or consultation services for approved statistical analyses. Statisticians who contribute substantively to the project's design, analysis, or interpretation of data will be included in the authorship block in accordance with authorship criteria.

- **Researcher's Institution/Biostatistical Team**: Although restricted to particular modules or situations, certain institutions may be granted permission for a copy of a limited or deidentified dataset to be delivered for statistical analysis to be performed. Facilities must meet AHA data security standards prior to receiving a data extract. If a facility does not meet the requisite security standards, the investigator will need to conduct the analysis on the Precision Medicine Platform or contract with AHA's Data Science Team or approved analytic providers.
- **Analytic Partners**: The AHA partners with Designated Analytic Centers which may perform statistical analysis on GWTG datasets for strategic analyses commissioned by the Association and its volunteer leadership. Individual investigators may be able to request and contract for these services on an *ad hoc* basis, if the investigator is unable to complete the analysis through one of the above means.
    - Analyses are delivered to researchers as charts and graphs.

C. Project funding

1. AHA provides funding for a limited number of commissioned strategic analyses, including Early Career Investigator Awards, each year. Funded proposals are competitively reviewed and commissioned through AHA's volunteer leadership committee (see Proposal Submission, Review, and Approval).
2. External funding via the investigator, which may include grants, awards, industry, or institutional funds, are accepted on a limited basis. AHA will have final determination on which external funding sources are acceptable.
3. Government and foundation-funded grants require additional review time. Investigators may want to include analyses of AHA's datasets in a research grant proposal.
    - Proposals for federal funding must be submitted 6 months prior to the grant due date.
    - Proposals for other foundation funding must be submitted 3 months prior to the due date.

II. Proposal Submission, Review, and Approval

A. Submitting a proposal

1. Visit the following websites for up-to-date information and submission deadlines:
    - Atrial Fibrillation, Coronary Artery Disease, Heart Failure, and Stroke: National-Level Research Publications
    - Resuscitation: GWTG-Resuscitation Research
    - Early Career Investigators (ECI) : Research Opportunities
        - Note: Only original proposals (not resubmissions) are eligible for the ECI Award.
2. Developing a proposal:
    - Review the data elements collected for the applicable GWTG module (e.g. Case Report Form) to ensure the outcome of interest is collected. See GWTG Registry Documentation.

- Review the GWTG Publications database and PubMed.gov to avoid overlap with any existing publications.

3. Fill out the research proposal form completely, including sample tables and/or charts for the study.
4. Submit the completed research proposal form into Proposal Central.
5. Atrial Fibrillation, Coronary Artery DiseaseCOVID-19 CVD, Heart Failure, Resuscitation and Stroke: Submit the Proposal Central application online. Also see Quality Improvement Research Proposals.
    - Limitations and project scope:
        - A lead author may have a total of 2 active projects across all the modules; additional proposals will not be accepted. Manuscripts submitted to journal are not considered an active project.
        - Resuscitation: If the lead author has not complied with the data destruction policy for previous projects, additional proposals will not be accepted until the requirements have been fulfilled.
        - Only one manuscript may be produced per approved proposal. If the scope of a proposal is too broad for a single manuscript, an additional proposal can be submitted for approval.
6. International investigators
    - Investigators without United States citizenship can submit proposals to conduct analyses on the AHA Precision Medicine Platform or for AHA-commissioned strategic analyses, including Early Career Investigator Awards.
    - After the proposal is approved, investigators will need to complete the international due diligence questionnaire (IDDQ) process.
    - Up to 10% of total AHA-funded analyses will be awarded to international investigators in the primary investigator role.

B. Proposal review

1. Proposals are reviewed by expert clinical volunteer groups specific to each module.
2. **Review Criteria**: Proposals are reviewed for feasibility, overlap with other approved proposals or existing publications, scientific merit, novel contribution to scientific literature, strength of the analysis plan, and alignment with the AHA mission.
3. **Decisions**: AHA staff will notify the lead author of the committee's decision to approve, request revisions or decline.
4. Approved proposals are considered final; projects are limited within the approved scope. Requests for additional analyses or expanded scope must be reviewed and approved.
5. Proposals that are revised may only be resubmitted for up to 2 more standard review cycles.
6. Declined ECI Award proposals, if feasible, can be revised and may be resubmitted for up to 2 more standard review cycles.

III. Project Development for Approved Proposals

Once a research proposal is approved, AHA staff notifies the investigator of the approval, project timelines, requirements, and next steps. All proposals will have a GWTG volunteer from the Advisory Group, who will act as a mentor throughout the project.

Investigators of approved proposals should request appropriate checklists from AHA staff.

A. Non-disclosure and data use agreements

1. Non-disclosure, Data Use, and or Terms of Service agreements are required to access GWTG data and/or utilize statistical output for publication. Usage is limited to the scope of the approved project proposal. Changes to the analysis plan that require additional data usage may require an amended agreement and potential fees.

B. Data analysis process and requirements

1. Projects with analysis being completed on the **Precision Medicine Platform**:
    - When an investigator-led project is approved to be completed using the Precision Medicine Platform, investigators must indicate whether their institution's statisticians will complete the analysis independently or whether the AHA Data Science Team will be contracted to conduct the analysis.
    - Once a Non-disclosure agreement/data use agreement (NDA DUA) is complete, the lead researcher will receive instructions on how to request a workspace on the Precision Medicine Platform. Once the workspace request has been approved, the AHA will deliver the necessary data directly to the workspace. Then the researcher can begin to use the platform and any authorized datasets for their analysis.
    - For analyses that will be completed by AHA's Data Science Team, a Statistical Analysis Plan (SAP) will be developed based on the approved proposal and delivered to the researcher. Analyses will not begin until the SAP has been approved by the investigators. No additional research questions or analyses will be added once the SAP has been approved.
    - For self-analyses using the Precision Medicine Platform, the AHA and GWTG mentor must approve each of the 4 major deliverables – Statistical Analysis Plan (SAP), Data Analysis Output, Abstract, and Manuscript – before the investigator progresses to the next step in the research process.
    - Completed analyses will align with the approved SAP and be used to develop a manuscript.
    - Access to the Precision Medicine Platform and the AHA dataset will expire in conjunction with the term date of the NDA DUA or once the researcher's manuscript has been published in a journal (authorized purpose for the project), whichever comes first.
    - Once the AHA has confirmed the researcher's project has been published, the AHA will take necessary steps to decommission the researcher's workspace on the Precision Medicine Platform which includes access to the AHA dataset. The researcher should take necessary steps to save any analyses and notebooks prior to decommissioning.
2. Projects with self-analysis at the **investigator's institution**:
    - After the NDA DUA is signed, the specified dataset will be provided directly to the designated data recipient. A copy of limited or deidentified data will be delivered for statistical analysis to be performed at facilities that meet AHA data security standards. The lead researcher and coauthors are responsible for data security and statistical analysis of the data provided.
3. Projects with analysis being completed at an approved **Designated Analytic Center**:

- The Designated Analytic Center will develop the SAP in consultation with project investigators based on the approved proposal to ensure the key questions of the proposal are answered.
- Project investigators must review the SAP carefully to ensure it describes all analyses, outcomes, figures, and tables that will be needed to prepare a high-quality manuscript. Approved SAPs are considered final.
- Once the SAP is approved, additional analytic requests may not be completed until after a review of the manuscript by either coauthors or the journal to ensure limiting scope-creep.
- Additional requests may also need to be reviewed for approval by AHA and the SOCAG. Additional charges may be billed to the investigator for additional analyses.
- After final SAP is approved by the author group, the Designated Analytic Center sends the completed analyses to the lead researcher.

C. Project Deliverables

1. The Primary Investigator is responsible for meeting project deliverables. These include, but are not limited to:
    - If applicable, responding to the AHA Data Science team regarding ongoing analyses on the PMP.
    - Responding to AHA Staff or volunteer mentor requested project status updates.
    - Maintaining current NDAs/DUAs.
    - Adhering to manuscript deadlines.
2. If the Primary Investigator fails to meet three or more deliverables, the AHA reserves the right to reassign or decommission ongoing projects and decline future projects with the associated investigator for a period of up to two years.

IV. Conference Abstract and Manuscript Preparation

A. Authorship guidelines

1. In accordance with the International Committee of Medical Journal Editors (ICMJE) guidelines, authorship credit is based on the following conditions:
2. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
3. Drafting or critically revising the content.
4. Final approval of the version to be published.
5. Accountability regarding accuracy or integrity of the content.
6. The order of authorship on the byline should be a joint decision of the coauthors.
7. AHA staff can serve as coauthors if authorship requirements are met.
8. In the event of a disagreement regarding authorship, the Chair of the Systems of Care Advisory Group or Research Task Force will determine authorship, in consultation with AHA scientific staff.
9. Plagiarism will not be tolerated and, if detected, will lead to removal of the author from the GWTG writing process. Sentences should not be cut and pasted from other published works, including works by the author or coauthors, or in prior publications.

B. Conference abstract process

1. Generation of a conference abstract may be the initial step in development of the analyzed data to answer the approved proposal research questions.
2. It is not required to develop an abstract for potential conference submission and you may go directly to manuscript development.
3. All coauthors must review and approve the abstract draft before submitting to AHA for review.
4. Abstracts must be submitted at least 7 business days before conference deadline for AHA review. AHA approval must be obtained before submitting to conference.
5. Atrial Fibrillation, Coronary Artery Disease, Heart Failure, Stroke and COVID-19 modules
    - Submit the abstract to QualityResearch@heart.org.
    - Abstracts are separately reviewed by the Systems of Care Advisory Group and AHA Science.
        - Abstracts going to AHA conferences only need Systems of Care Advisory Group approval.
    - AHA staff will send the committee's decision and feedback to the primary author.
6. Resuscitation:
    - Submit the abstract to GWTGResuscitationResearch@heart.org.
    - Abstracts are separately reviewed by the Adult/Pediatric Research Task Forces and AHA Science.
        - Abstracts going to AHA conferences only need Task Force approval.
    - AHA staff will send the committee's decision and feedback to the primary author.
7. Review feedback should be incorporated into the abstract prior to submission to conference.
8. Notify AHA staff of abstract acceptance.
9. Contact QualityResearch@heart.org to obtain the AHA-approved presentation or poster template for accepted abstracts.
10. Conference posters or presentations must represent the approved abstract and be approved by coauthors, the GWTG mentor, AHA staff, and biostatistician or Designated Analytics Center.
11. Posters/presentations must be submitted for to QualityResearch@heart.org for approval prior to printing or presentation. Review and approval take 14 days. AHA staff will review posters/presentations to ensure consistency with the approved abstract and the appropriate use of AHA trademarks, acronyms, acknowledgement, and disclosures.

c. Manuscript process and journal submission

1. A manuscript draft should be developed in a timely manner. If the abstract is accepted for presentation at a conference, the manuscript development should still be delivered by deadline and aim for publication during the conference.
2. See the following "Publication Requirements" section for additional manuscript requirements.
3. All coauthors, mentors and analytic provider must review and approve the final manuscript before submitting for AHA review.
4. A final manuscript is submitted to AHA staff to be reviewed by AHA staff, AHA Science and the program's Advisory Group. AHA approval must be obtained before submitting to journal.

5. Manuscript timeline for projects utilizing a **Designated Analytic Center or the AHA Data Science Team on Precision Medicine Platform** (unless otherwise specified in the NDA DUA):
    - Investigators must provide a final draft of the manuscript for AHA review within 6 months of completion/delivery of analysis.
6. Manuscript timeline for **self-analysis project on the Precision Medicine Platform or investigator's institution** (unless otherwise specified in the NDA DUA):
    - Investigators must provide a final draft of the manuscript for AHA review within 12 months of receiving the specified dataset.
7. Deadline extensions are only granted for extenuating circumstances. Investigators should submit the request to AHA staff before the deadline.
8. The manuscript must be submitted to journal within 30 days of AHA approval. Subsequent journal submissions or resubmission should be within 30 days of journal decline and/or updated data.
9. AHA staff should be notified of all journal activity, including declines and acceptances.
10. AHA reserves the right to reassign or decommission projects if deadlines are not met.
11. Coinciding abstracts:
    - Author may submit the AHA-approved abstract to conferences, but the manuscript must still meet deadlines.
    - If the abstract is submitted and accepted to a conference, the goal is to have conference dates coincide with journal publication.

D. Publication requirements and information

1. The following are required when submitting to journal for publication:
    - **AHA representation**: Includes use of AHA GWTG trademarks, acronyms and use of approved templates.
    - **Acknowledgement statements**: Included in the Methods section for data collection, coordination, and analysis providers.
        - Statement is based on how/where analytics performed:
        - Research letters or other works with smaller word count restrictions can include the acknowledgement statements in a note at the end.
    - **Sponsorship statements**: All manuscripts should include the appropriate standard statement under the Sources of Funding or Funding Support section of the manuscript.
2. Other relevant information
    - Open Access Agreement (OAA): All manuscripts are considered the work of the authors even if an author is employed by AHA or an AHA vendor; thereby the authors retain the copyright.
    - Transparency and Openness Promotion (TOP): AHA data is collected for clinical care and quality improvement, rather than primarily for research, data sharing agreements require an application process for other researchers to access the data.
    - Ethics approval statement: Each participating hospital received either human research approval to enroll patients without individual consent under the Common Rule or a waiver of authorization and exemption from subsequent review by their Institutional Review Board.
    - Institutional Review Board (IRB): Given that the primary purpose of the registry is quality improvement, each participating center either received human research

approval to enroll patients without individual consent under the Common Rule or a waiver of authorization and exemption from subsequent review by their Institutional Review Board.

3. After journal acceptance
    - Immediately notify coauthors and AHA staff of acceptance and provide a copy of the accepted manuscript.
    - AHA staff will request additional information for promotional activities after publication.
    - Final PDF of the publication should be sent to AHA staff after publication.

References

- Clinical and Quality Program Research website LINK
- GWTG Publications library website LINK
- GWTG Early Career Investigator Opportunities LINK
- National-level research website LINK
- Precision Medicine Platform – https://precision.heart.org/

Contacts: AHA National Center Quality Research Staff

4. Email: QualityResearch@heart.org

V. Appendix

Precision Medicine Platform

The American Heart Association created a new model for bringing together science and technology to drive breakthroughs in cardiovascular and brain health and disease.

Accelerate Precision Medicine with AHA's Precision Medicine Platform

Overview

The PMP is a secure HIPAA compliant and FedRAMP certified cloud-based ecosystem that facilitates data sharing, collaboration, and power computing. The PMP workspace is an interactive AWS cloud environment comprised of common tools and software used in biomedical analyses that enables users to easily store data, collaborate, and perform analyses while also having access to elastic power compute resources on demand.

- Learn more about the Precision Medicine Platform here
- Explore the capabilities of Precision Medicine Platform workspaces here

Collaboration

The platform facilitates collaboration and reproducibility by enabling users to share workspaces and conduct analyses in a private, secure cloud environment. Users can also collaborate through traditional development methods such as github.

Collaboration is made easy with the PMP because all data and analyses reside in a secure workspace for which only the participant/team representative has access, unless the participant/team representative chooses to collaborate with colleagues and share the workspace on the PMP workspace portal.

Power Compute In the PMP

There are multiple ways to take advantage of power compute in the Precision Medicine Platform, namely:

- **EMR, Automatic Scaling through Spark**
  - Analyses that use spark-based packages or software can leverage the EMR workspace auto-scaling cluster architecture to optimize performance
- **Elastic, High-Performance Computing**
  - Analyses that need to optimize software through traditional parallel computing methods can leverage the EC2, GPU and CPU architecture options

Default workspace architectures are designed to fit the needs of most users, however architecture sizes can be increased and customized as needed. To increase compute resources in a workspace or get assistance with power computing on the PMP, please contact us.

Terms of Use

Any inventions, intellectual property, or patents resulting from this funding are governed by the AHA Patent, Intellectual Property and Technology Transfer Policy.

Modification History:

Revision Number	Description of Modification	Who	Date of Revision
1	Added international research language.	K Thomas/S Tai	9/6/2022
2	Updated internal research language.	K Thomas/B Friesenhahn/S Tai	10/11/2023
3	Included Quality Programs.	K Thomas/A Goucher	8/26/2024
4	B2: AHA Data Science Team Authorship	A. Goucher/B Friesenhahn	5/15/25
5	Updated web links throughout policy doc and eliminated COVID-19 CVD as a proposal opportunity	B Friesenhahn	9/8/25

GWTG RESEARCH CHECKLIST

This checklist is for research abstracts and manuscripts using national-level data from the American Heart Association's Get With The Guidelines® AFIB, CAD, HF, and Stroke registries.

GENERAL RULES

- ☐ All coauthors should review and approve final drafts of the abstract, poster/presentation, and manuscript before AHA review. When submitting to AHA, please confirm in the email that all coauthors, mentors, and statisticians have approved.
- ☐ AHA approval must be obtained, and the reviewer feedback incorporated, before submitting to conference/journal.
- ☐ Title and author block must be included on the document.
- ☐ AHA representation: When the following first appears in the document, they must be spelled out as follows – Get With The Guidelines®, Patient Management Tool™, IQVIA Registry Platform™. After the first use, the following abbreviations may be used: GWTG, PMT, and IRP.
- ☐Other relevant information for Open Access Agreement (OAA), Transparency and Openness Promotion (TOP), Ethics Statements and Institutional Review Board (IRB) can be found in the **National-Level Quality Programs Research Policy**.
  - Example TOP Statement: "Data was collected for clinical care and quality improvement rather than primarily for research, therefore, the American Heart Association (the steward of the data according to contracts between the American Heart Association and participating hospitals) cannot provide the data, statistical analysis code, or other study materials to other researchers"
- ☐ Language guidelines: Disparities Research Guidelines and Health Equity Language Guide.
- ☐ Proper IRB approval or exemption must be in place.
- ☐ Projects that do not comply with timelines may be reassigned to another primary investigator or decommissioned.

CONFERENCES

- ☐ **Abstract and poster/presentation reviews take 7 business days.**
- ☐ Abstract may be submitted to conference, but the manuscript must still comply with timelines.
  - If accepted to conference, aim for journal publication during conference dates.
- ☐ Posters/presentations must represent the approved abstract and use the AHA-approved GWTG template.
- ☐ Include these statements in the poster/presentation:
  - Methods section: IQVIA, Parsippany, NJ, is the data collection and coordination center. Data analyses were performed (choose one) by Duke Clinical Research, Durham, NC or on the American Heart Association Precision Medicine Platform."
  - Program Disclosure: Applicable sponsorship statements based on GWTG module (see Sponsorship Statements on page 2). May add special project support after sponsorship statement, such as "This project was supported by the 2023 Stroke Data Challenge".
  - Personal Author Disclosures if required by Conference.

MANUSCRIPTS

- ☐ **Deadline**: A completed manuscript is due for AHA review within 6 months of final data delivery.
  - Recommendation: Complete the 1st draft within 3 months to ensure completion within 6 months.

- This timeline is critical for projects on the Precision Medicine Platform (PMP) with 12 month paid subscriptions.

☐ **Manuscript reviews take 14 business days.**

☐ Include the applicable sponsorship disclosure based on GWTG module in the article's Funding section (see Sponsorship Statements on page 2).

☐Acknowledgments to include in the Methods section:

- "IQVIA (Parsippany, New Jersey) serves as the data collection and coordination center."
- For projects analyzed at DCRI: "Each participating hospital received either human research approval to enroll cases without individual patient consent under the common rule, or a waiver of authorization and exemption from subsequent review by their institutional review board. The Duke Clinical Research Institute serves as the data analysis center and has an agreement to analyze the aggregate limited data for research purposes. The Institutional Review Board at Duke University Health approved this study."
- For projects analyzed on the PMP:
  - "The American Heart Association Precision Medicine Platform (https://precision.heart.org) was used for data analysis."
  - "Each participating hospital received either human research approval to enroll cases without individual patient consent under the common rule, or a waiver of authorization and exemption from subsequent review by their institutional review board (IRB). Advarra, the IRB for the American Heart Association, determined that this study is exempt from IRB oversight."

PEER REVIEW AND PUBLICATION

☐ **Deadline**: Manuscripts must be submitted to journal within 30 days of AHA approval. Subsequent journal (re)submissions should be within 30 days of journal response and/or updated data.

☐ Notify AHA staff of all journal activity (resubmissions, declines, and acceptances) and provide a copy of resubmissions.

☐ After journal acceptance, update AHA staff on the online publication date. AHA staff will request additional information for promotional activities.

☐ The final publication PDF should be sent to AHA staff after publication online.

SPONSORSHIP STATEMENTS

GWTG-AFIB	"The Get With The Guidelines®–AFIB (GWTG-AFIB) program is provided by the American Heart Association. GWTG-AF is sponsored, in part, by Philips Image Guided Therapy."
GWTG-CAD	"The Get With The Guidelines®–Coronary Artery Disease (GWTG-CAD) program is provided by the American Heart Association. GWTG-CAD is sponsored, in part, by Novartis, Novo Nordisk and Bayer."
GWTG-Heart Failure	"The Get With The Guidelines®–Heart Failure (GWTG-HF) program is provided by the American Heart Association. GWTG-HF is sponsored, in part, by Novartis, Boehringer Ingelheim, Novo Nordisk, Bayer and Bristol Myers Squibb."
GWTG-Stroke	"The Get With The Guidelines®–Stroke (GWTG-Stroke) program is provided by the American Heart Association. GWTG-Stroke is sponsored, in part, by Novartis, Novo Nordisk, AstraZeneca, Bayer and HCA Healthcare."
Other Specific Funding	If there are other specific funding sources just for that paper, you may use this sentence: "This work was sponsored by XXX, City (optional), State (optional). Additionally, [insert AHA sponsorship statement from appropriate module above]."

OTHER RESOURCES

- **IMPORTANT**: This is a summary checklist. For more details about requirements and authorship guidelines, please see the **National-Level Quality Programs Research Policy**.
- Clinical and Quality Programs Research website LINK.
- GWTG Publications Library LINK.
- Questions? Reach out to QualityResearch@heart.org.

GWTG Projects-In Process but not yet published

smartsheet

	Primary	Module	Project Title
1	22AF002	AFib	Racial/Ethnic Differences in Outcomes of Ablation Versus Antiarrhythmic Drug Therapy for Atrial Fibrillation
2	23AF002	AFib	Clinical and procedural characteristics of patients undergoing repeat catheter ablation for atrial fibrillation: A report from the GWTG-AFIB registry
3	23AF004	AFib	Atrial Fibrillation at First Sight: An Analysis of the Management of First Detection of Atrial Fibrillation and Opportunities for Care Improvement from the Get With the Guidelines-Atrial Fibrillation Registry
4	24AF001	AFib	Racial and Ethnic Differences in Catheter Ablation of Typical Atrial Flutter – Findings from the Get With The Guidelines® – Atrial Fibrillation Registry
5	24AF002	AFib	Association of Obesity with Rhythm Management and Clinical Outcomes in Newly Diagnosed Atrial Fibrillation
6	24AF003	AFib	Effectiveness and safety of catheter ablation in atrial fibrillation patients with heart failure and preserved ejection fraction
7	24AF004	AFib	Risk Over A Risk Score - Re-Evaluating Anticoagulation Prescription Patterns In Patients Hospitalized with Atrial Fibrillation With Revised Guidelines: The Get with the Guidelines- Atrial Fibrillation (GTWG-AFIB) Program
8	25AF001	AFib	Racial and Ethnic Differences in Geographic Access to Atrial Fibrillation Ablation in the United States: Get with the Guidelines-Atrial Fibrillation
9	25AF002	AFib	First Atrial Fibrillation Ablation in Patients Aged 75 Years and Older: Findings from GWTG-Afib Registry.
10	25GWTGDRASp1454037	AFib	Disparities in Atrial Fibrillation Treatment and Outcomes in Reproductive-Age Individuals
11	25GWTGDRASp1454070	AFib	Implications of climate and the environment for atrial fibrillation related hospitalizations
12	25GWTGDRASu1499353	AFib	Precision Equity in Atrial Fibrillation: Tackling Disparities in Rhythm Control and Quality of Care
13	25GWTGDRASu1502440	AFib	Neighborhood-Level Factors Influencing Oral Anticoagulation Use in Atrial Fibrillation: A Focus on Rural Trends
14	24CA005	CAD/ML	Optimal timing of pharmacoinvasive strategy and its impact on clinical outcomes in patients with STEMI: A real-world perspective.
15	24CA007	CAD/ML	Long-Term Impact of Seasonal Temperature Variability on Myocardial Infarction
16	24CA008	CAD/ML	Association Between Hospital Acquisition and Coronary Artery Disease Quality of Care
17	24CA009	CAD/ML	Clinical Profile and Quality of Care Among American Indian and Alaska Native Patients with Coronary Artery Disease
18	25CA001	CAD/ML	Effect of the eGFR 2021 CKD EPI Creatinine Equation on Kidney Disease Classification and Subsequent Coronary Angiography on Myocardial Infarction Patients (Version 2)
19	25GWTGDRASp1454022	CAD/ML	Statin use and LDL-C levels in patients with a history of CAD who are hospitalized for an acute coronary syndrome
20	25GWTGDRASp1454071	CAD/ML	Short-term Air Pollutants and Acute Coronary Syndrome Onset in the United States
21	23CS001	Cardiogenic Shock	Utility of the Pulse Pressure in the Prediction of Outcomes in Cardiogenic Shock
22	23CS002	Cardiogenic Shock	Performance of clinician-assigned SCAI shock staging in a large multicenter registry of patients with cardiogenic shock
23	23CS003	Cardiogenic Shock	Association between insurance status and social living conditions with therapies and outcomes in cardiogenic shock
24	24CS002	Cardiogenic Shock	Sex-specific Outcomes and Complications in Patients with Cardiogenic Shock – An AHA Shock Registry Analysis
25	24CS003	Cardiogenic Shock	Defining the Epidemiology, Current Management Practices, and Prognosis for Normotensive Cardiogenic Shock
26	25CS001	Cardiogenic Shock	Variation of Care and Timing of Cariogenic Shock Teams
27	25CS002	Cardiogenic Shock	Hemodynamic Predictors of Mortality in Right Ventricular Cardiogenic Shock
28	25CS003	Cardiogenic Shock	Outcomes Associated with Early Initiation of Respiratory Support in AMI Cardiogenic Shock and HF Cardiogenic Shock: Does Time-to-Intubation Influence Survival by Shock Etiology?
29	25CS004	Cardiogenic Shock	Invasive Hemodynamic Predictors of CS Outcomes
30	25CS005	Cardiogenic Shock	Impact of Left Ventricular Unloading with Impella on Survival in CS Patients Supported with VA-ECMO: A retrospective Cohort Study
31	25CS006	Cardiogenic Shock	Linkage of the Cardiogenic Shock Registry to comprehensive health claims of Medicare-insured patients.
32	25CS009	Cardiogenic Shock	Timing from Cardiogenic Shock Onset to Intensive Care Unit Admission: Predictors of Variability and Association with End-Organ Injury, Therapies and Outcomes
33	25CS010	Cardiogenic Shock	Machine Learning-based Risk Stratification in Cardiogenic Shock
34	19HF013	Heart Failure	Translating the Findings of the DELIVER Trial to Medicare Beneficiaries Hospitalized for HF in the US (OLD2: Translating DELIVER Trial Findings to Real World Clinical Practice)(OLD1: A Retrospective Observational Study
35	20HF002B	Heart Failure	Medical Therapy and Residual Risk Among Patients Hospitalized for Heart Failure with Reduced Ejection Fraction (prior title-Residual Risk Despite Optimization of Guideline Directed Medical Therapy for Patients with Heart
36	21HF019	Heart Failure	Trends in Equity and Quality of Care by Race and Ethnicity During the Coronavirus Pandemic (orig: Race/Ethnicity and Hospital Performance Related to Quality of Care: Findings from the GWTG-HF Program)
37	22HF002	Heart Failure	Characterizing low-natriuretic peptide heart failure phenotype in the GWTG-HF registry.
38	23HF002	Heart Failure	SGLT2i Effectiveness Among Patients Hospitalized for Heart Failure with Reduced Ejection Fraction
39	23HF004	Heart Failure	Factors Associated with Guideline Directed Medical Therapy Adherence and Non Adherence among Heart Failure Patients with Reduced Ejection Fraction.
40	24GWTGDRA1308842	Heart Failure	Social Vulnerability and Heart Failure Outcomes
41	24GWTGDRA1308875	Heart Failure	The Impact of the Exposome in Atrial Fibrillation with Heart Failure
42	24GWTGDRA1308876	Heart Failure	Social Determinants of Health and Risk Stratification in Heart Failure
43	24GWTGDRA1308878	Heart Failure	Machine Learning to Evaluate and Target Improvements in Heart Failure Hospital Care Equity
44	24HF002	Heart Failure	Sodium-glucose cotransporter 2 inhibitors effectiveness among patients hospitalized with heart failure with preserved ejection fraction
45	24HF003	Heart Failure	Association of Sex, Race, Hospital Characteristics, and Social Determinants of Health with Guideline-Directed Medical Therapy Utilization in patients with heart failure with reduced ejection fraction
46	24HF005	Heart Failure	Get with the Guidelines Hospital Participation and its Impact on GDMT and HF Outcomes using an Interrupted Time Series Analysis (prior: The Association Between Participation in the Get With the Guidelines Heart Failure
47	24HF009	Heart Failure	Utilization of ATTR-Specific and Heart Failure-Specific Therapies Before and After Hospitalization for ATTR Cardiomyopathy
48	24HF010	Heart Failure	Outpatient Clinic Visits Before and After Hospitalization for ATTR Cardiomyopathy
49	25GWTGDRASp1454023	Heart Failure	Rural-urban differences of neighborhood-level social determinants of health factors with heart failure outcomes
50	25GWTGDRASp1454054	Heart Failure	Clinical Determinants of Resilience to Heart Failure: A Network and Machine Learning Approach
51	25GWTGDRASu1500804	Heart Failure	Societal Determinants of Disparities in Guideline-Directed Medical Therapy for Heart Failure with Reduced EF
52	25HF001	Heart Failure	Use of Guideline-Directed Medical Therapy in Heart Failure with Mildly Reduced Ejection Fraction: A Comparative Analysis with Reduced and Preserved Ejection Fractions
53	25HF003	Heart Failure	Relationship Between Multiple Levels of Dissimilarity and Vulnerability with Receipt of Heart Failure Care

	Primary	Module	Project Title
54	25HF004	Heart Failure	Cardiovascular-Kidney-Metabolic Overlap in Patients Hospitalized for Heart Failure Across the Ejection Fraction Spectrum: Findings from Get With The Guidelines – Heart Failure
55	25HF005	Heart Failure	Association Between Price and Outcomes in HF Hospitalization
56	25HF007	Heart Failure	Association Between Hospital Acquisition and Heart Failure Quality of Care
57	25HF008	Heart Failure	A Large Language Model -enabled Approach for Natural Language Querying Complex Clinical Data
58	23RE001	Resus- ADULT	Determination of Optimal Cardiopulmonary Resuscitation Quality Targets During In-hospital Resuscitation Attempts
59	23RE006	Resus- ADULT	Intubation during in-hospital cardiac arrest - An instrumental variable analysis
60	23RE007	Resus- ADULT	Relationship Between Duration of Resuscitation and Outcomes for In-Hospital Cardiac Arrest
61	24GWTGDRA1308839	Resus- ADULT	The Impact of Safety-net Hospital Status on In-hospital Cardiac Arrest Care and Outcomes in the United States
62	24GWTGDRA1308852	Resus- ADULT	Relationship of Income, Income Disparity, and Insurance to Outcomes Following In-Hospital Cardiac Arrest
63	24GWTGDRA1308863	Resus- ADULT	Survival after Cardiac Arrest Resuscitation: An Exploration of Outcome Variation and Social Determinants of Health
64	24RE001	Resus- ADULT	End-Tidal CO2 Monitoring During In-Hospital Cardiac Arrest: A Comparison of Practices and Implications
65	24RE002	Resus- ADULT	Temporal Trends in in Survival After In-Hospital Cardiac Arrest between Rural and Urban Hospitals between 2000-2020
66	24RE007	Resus- ADULT	Intersectionality of Race/Ethnicity and Sex on Disparities in Patient Outcomes and Intra-Arrest Resuscitation Practices for In-Hospital Cardiac Arrest
67	24RE008	Resus- ADULT	Evaluation of the Resuscitation Quality Improvement Program in GWTG-Resuscitation Hospitals
68	24RE009	Resus- ADULT	Association between Hospital Acquisition and Resuscitation Quality of Care
69	25GWTGDRASu1503461	Resus- ADULT	Impact of ACA Medicaid Expansion on In-Hospital Cardiac Arrest Outcomes
70	25RE(A)001	Resus- ADULT	Quality Process Measures and IHCA Survival on Days vs. Nights: A Retrospective Observational Study
71	25RE(A)002	Resus- ADULT	Validation of a Termiantion of Resuscitation Rule
72	25RE(A)003	Resus- ADULT	Association Between Post-Resuscitation Fever and Survival for In-Hospital Cardiac Arrest
73	25RE(A)004	Resus- ADULT	Trends in Extracorporeal Cardiopulmonary Resuscitation
74	25RE(A)005	Resus- ADULT	Physiologic Measurements of Cardiac Arrest Patients in the Emergency Department
75	25RE(A)007	Resus- ADULT	Physiologic Measurements of In-Hospital Cardiac Arrest Patients
76	25RE(A)006	Resus- ADULT	Evaluation of Hospital Adoption of the Resuscitation Quality Improvement Program
77	295	Resus- PEDS	Impact of Patient Characteristics, Resuscitation Strategies, and Peri-Arrest Care on Outcomes Following Cardiac Arrest in the Pediatric Cardiac ICU: Combining Cardiac Arrest and Cardiac Critical Care Quality Databases to
78	293	Resus- PEDS	Variation in evidence based care for pediatric IHCA is not associated with survival to discharge
79	22RE005	Resus- PEDS	Development and internal validation of risk scores to predict survival in the pediatric population following in-hospital cardiac arrest
80	22RE008	Resus- PEDS	Delivery Room Acute Respiratory Compromise: A Report from the American Heart Association's Get with The Guidelines-Resuscitation Registry
81	22RE009	Resus- PEDS	Acute Respiratory Compromise in the Neonatal Intensive Care Unit: A Report from the American Heart Association's Get with The Guidelines-Resuscitation Registry
82	23RE009	Resus- PEDS	Assessing The Pediatric Advanced Life Support Guidelines And Survival Outcomes
83	24RE(P)004	Resus- PEDS	Duration of cardiopulmonary resuscitation and outcomes for pediatric patients with in-hospital cardiac arrest
84	24RE(P)005	Resus- PEDS	Temporal Trends and Hospital Variation in Post-Resuscitation Fever for In-Hospital Cardiac Arrest
85	24RE003	Resus- PEDS	Deciphering Non-shockable Rhythms: PEA and Asystole in Pediatric In-Hospital Cardiac Arrest
86	25RE(P)001	Resus- PEDS	Pediatric Cardiopulmonary Arrest in the Operating Room – A Report from the American Heart Association Get With The Guidelines-Resuscitation Registry
87	25RE(P)002	Resus- PEDS	Time to ROSC
88	25RE(P)003	Resus- PEDS	Adult vs. Peds IHCA
89	21ST003	Stroke	Patient Characteristics, Quality of Care, and In-hospital Outcomes for Acute Ischemic Stroke – An International Comparison of China, Japan, South Korea, and the United States Stroke Registries
90	21ST010B	Stroke	Process outcomes in tenecteplase to alteplase in patients with acute ischemic stroke (old title: Differences In Door-To-Needle And Door-In-Door-Out Times For Tenecteplase Vs Alteplase In Acute Ischemic Stroke: Findings
91	21ST014	Stroke	Sex differences in temporal trends of ischemic stroke hospitalizations among adults aged 18-64 years: findings from Get With The Guidelines-Stroke, 2003-2020
92	22ST004	Stroke	Examining for Patient Disparities in Inter-facility Transfers for AIS in the US
93	22ST005	Stroke	Geo-spatial Modeling for Stroke Care in United States (GMSC)
94	23ST004	Stroke	Balancing Risks and Benefits of Direct Oral Anticoagulants in Older Ischemic Stroke Patients with Atrial Fibrillation
95	23ST013	Stroke	Circadian Variation in Onset, Severity, and Outcome of Acute Ischemic Stroke
96	23ST014	Stroke	Prehospital Stroke Process Times and Impact on Total Prehospital Time in the Get With The Guidelines Stroke-Registry
97	23ST020	Stroke	Developing a Risk Score for the Likelihood of Intracranial Hemorrhage after Endovascular Reperfusion Therapy for Acute Ischemic Stroke
98	24ST009	Stroke	RAcial Disparities In Anticoagulation Utilization for Atrial Fibrillation in Ischemic Stroke (RADIUS)
99	24ST010	Stroke	Characteristics and Geographic Variation of Telestroke Care within the Get with the Guidelines Stroke-Registry
100	24ST012	Stroke	Does distance to nearest thrombectomy-capable stroke center change outcomes? Generating real-world evidence to guide stroke transport policy.
101	24ST015	Stroke	Quality of Emergency Care for Hemorrhagic Versus Ischemic Stroke
102	24ST016	Stroke	Improving Prognostic Accuracy in Intracerebral hemorrhage
103	24ST018	Stroke	Less Admission to Inpatient Rehabilitation and More to Skilled Nursing Facilities after Ischemic Stroke for Enrollees in Medicare Advantage than Medicare Fee for Service Payor
104	24ST019	Stroke	Post-stroke Cognitive Impairment and Dementia
105	24ST020	Stroke	Exploring Factors influencing stroke patients care and outcome in Tennessee: Analysis of Get with the Guideline-Stroke Measures Data (2018-2023)
106	24ST021	Stroke	Impact of Guideline Recommendations for GLP-1 Receptor Agonists or SGLT2 Inhibitors in Type II Diabetics with Ischemic Stroke or TIA and Association of Pre-Stroke GLP-1 or SGLT2 Use with Post-Stroke Functional
107	24ST022	Stroke	Pace and Geospatial Adoption of Mobile Stroke Units in the United States: The Get With The Guidelines-Stroke Program

	Primary	Module	Project Title
108	24ST023	Stroke	In-Hospital Stroke: First Update on National Trends, Risk Factors and Outcomes after the advent of Mechanical Thrombectomy
109	24ST024	Stroke	Disparities in Rehabilitation Referrals and Disposition for Ischemic Stroke Survivors by Race, Ethnicity, and Social Determinants of Health
110	24ST026	Stroke	Early Blood Pressure Treatment, Control, and Intracerebral Hemorrhage Outcomes in the United States
111	24ST028	Stroke	Antiplatelet Therapy and Outcomes after Intracerebral Hemorrhage in the Get With the Guidelines- Stroke
112	25GWTGDRASp1454019	Stroke	Structural Racism-Related State Laws and Racial Disparities in Activation of Emergency Medical Services in Patients with Acute Strokes: Get With The Guideline-Stroke Registry, 2015-2023
113	25GWTGDRASu1485763	Stroke	Association Between Climate Risks and Stroke Severity and Outcomes
114	25GWTGDRASu1485764	Stroke	The Quality of Care for Ischemic Stroke in Safety-Net Hospitals vs Non-Safety-Net Hospitals
115	25GWTGDRASu1485769	Stroke	Understanding the collection and significance of EMS data in Get With The Guidelines - Stroke
116	25ST001	Stroke	Understanding the Patient Journey in Non-Cardioembolic Ischemic Stroke and Transient Ischemic Attack in the United States A Nationwide, Population-Based Cohort Study
117	25ST002	Stroke	Association Between Hospital Acquisition and Stroke Quality of Care
118	25ST003	Stroke	Trends and Outcomes of Distal Medium Vessel Occlusions treated with Endovascular Thrombectomy in the United States
119	25ST004	Stroke	An Atlas of Intraparenchymal and Subarachnoid Hemorrhage Care in the United States
120	25ST005	Stroke	The associations of time to treatment with Tenecteplase and outcomes after acute ischemic stroke
121	25ST006	Stroke	Wildfire smoke exposure and ischemic stroke hospitalizations in California: A time-stratified, case-crossover study
122	25ST007	Stroke	Impact of time on utilization of thrombectomy and outcome in patients presenting with acute ischemic stroke with large vessel occlusion
123	25ST008	Stroke	Antithrombotic Therapy for Patients with Cryptogenic Stroke

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SAMPLE
American Heart Association® Quality Improvement Programs Registry
National-Level Research Proposal Form

Date Submitted to AHA:	Project # (assigned by AHA Staff):
Working Title of Research Proposal:	

National Level Program Primary Database - Please select one:
Click here for Program Descriptions. Click here for details on AHA Get With The Guidelines® (GWTG) Research Programs.

- ☐ Get With The Guidelines-AFIB
- ☐ Get With The Guidelines-CAD
- ☐ Get With The Guidelines-Heart Failure
- ☐ Get With The Guidelines-Stroke
- ☐ Get With The Guidelines-Resuscitation- Adult
- ☐ Get With The Guidelines-Resuscitation-Pediatric/Neonatal
- ☐ Mission: Lifeline®

Principal Investigator / Lead Author Information:

Name and Credentials:

Title/Position:

Institution/Company:

Mailing Address, City, State, Zip:

Email:

Phone Number:

AHA Membership Number (Required for approved proposals):

☐Professional Member ☐ Early Career Member ☐Student/Trainee Member

Are you an Early Career Investigator? ☐Yes ☐ No

Are you applying for AHA Early Career Investigator Database Seed Grant? ☐Yes ☐ No

*Early Career Investigator includes the following:

- Predoctoral fellows pursuing a post-baccalaureate doctoral degree including PhD, MD, DNP, or equivalent clinical health science doctoral degree program;
- Postdoctoral fellows including trainees with post-baccalaureate PhD, MD, DNP, or equivalent clinical health science doctoral degree program. This includes MDs who are current residents, fellows in training or have completed training within the last 5 years;
- Research or Clinical faculty/staff up to and including the rank of assistant professor (or equivalent) for which no more than five years have elapsed since the first faculty/staff appointment.

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Diversity & Inclusion: "Strengthening all of us as individuals, as an organization and as one world"

By marking the box below, you affirm that you will make every effort as the Project Lead to strive for AHA's commitment to diversity and inclusion in the Scientific and Healthcare Quality Community. This will include building a collaborative project team that is inclusive of individuals who are diverse across gender, race/ethnicity, career stage, and institution. If you need assistance, please contact the AHA team and we will help to build your project network.

☐ I have reviewed the AHA Diversity and Inclusion Policy

Publication Guidelines:

- An approved proposal is the property of the American Heart Association and will be managed according to the GWTG publication policies.
- The AHA is providing analyzed data or limited data access as an in-kind contribution for research.
- If a complete manuscript has not been drafted within time frames indicated by the Publication Policy, then lead author and/or senior authorship will be reassigned, or the project will be decommissioned by the overseeing volunteer committee.
- Failure to comply with author requirements and publication policies may affect the eligibility of investigators to submit manuscripts for publication and future proposals.

☐ I have reviewed and acknowledge the above policies.

Project Originality:

By marking the box below, you affirm that you have reviewed the Get With The Guidelines (GWTG) Online Library of Publications to avoid overlap between the current proposal and existing GWTG publications.

☐ I have reviewed the GWTG Online Library of Publications

Senior Author and/or GWTG Mentor (if applicable):

Name:

Institution:

Email Address:

Co-Investigator(s)/Author(s) – Include name, institution, and email address for each:

Existing or Anticipated Funding – Select only one:

☐AHA Funding – Click here for more information

☐AHA Early Career Investigator Database Seed Grant - Click here for more information

☐External funding– Specify source:

- ☐Federal grant
- ☐Non-federal grant or foundation
- ☐Academic institutional grant
- ☐Self-Funded
- ☐Other: _____

Grant or Other Funding Information (if applicable):

Funding institution:

Funding mechanism or grant ID:

Project duration and start date:

Total funding amount:

Total funding budgeted for AHA GWTG statistical support:

Analytic Channel for Externally Funded Projects:

☐Self-analyze data on AHA's Precision Medicine Platform*

☐Collaborate with AHA Data Science Team on the PMP to conduct analysis**

☐AHA-Approved Analytics Vendor**

☐Self-analyze data at another institution

Statistical collaborators/support

For self-analysis projects, provide information and qualifications (name, institution, statistical core, previous experience with GWTG analysis, etc) of statistical team:

** See appendix for more details and for pricing.*

**Please contact qualityresearch@heart.org for cost estimate.

GWTG Data Requested:

Date Range (years):

Are you proposing to link to another data set?

☐Yes – Specify data set:

☐No, this project will be completed exclusively with data collected in the GWTG program.

NOTE: Projects involving CMS linked data set must use an AHA-approved analytic vendor.

Research Dissemination Target:

☐Scientific Conference:

☐Journal:

☐Other:

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Research Proposal

Publication/Abstract Keywords:
Research Objectives, Novelty, and Significance:
Hypothesis/Rationale:

Study Population (specify admission diagnosis of interest, including inclusion and exclusion criteria):
Variables Utilized for Project (Please confirm the variables are collected in the Case Report Forms. Specify the Primary Exposure Variable.):
Primary Outcome/Endpoint:
Secondary Outcomes/Endpoints:
Brief Description of Proposed Statistical Analyses:

Sample Tables (please provide examples of the tables as you plan to present them):

Key References: