**HPTN Manuscript Review Committee (MRC) Cover Sheet**

*Word version of Cover Sheet must be included with all submissions to the MRC*

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All manuscripts, abstracts, and presentations generated from HPTN research are subject to the HPTN Publication Policy ([Section 21 of the Manual of Operations](https://www.hptn.org/manual-of-procedures)).

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| **For conference abstracts only** – What is the conference’s submission deadline?  Conference Title Here | *The MRC requires* ***three working days*** *to review abstracts*. *If an abstract is submitted to the MRC late and the MRC finds it not suitable, the author will be required to retract the conference submission.* |
| HPTN study number and name |  |
| Manuscript/Abstract title |  |
| Corresponding author |  |
| Lay summary of submission (~3 sentences) |  |
| Does the paper’s title contain the HPTN study number? | Yes  No **(if no, please explain why)** |
| Does authorship include “*the* ***HPTN XXX*** *study team”* | Yes  No **(if no, please explain why)** |
| Is the protocol chair(s) included as an author? | Yes  No **(if no, please explain why)** |
| For site specific manuscripts, is the **site Principal Investigator** included as an author? | Yes  No **(if no, please explain why)**  n/a |
| Is there a member of the **HPTN Lab Center** included as an author? | Yes  No **(if no, please explain why)** |
| Is there a member of the **HPTN Statistical and Data Management Center** included as an author? | Yes  No **(if no, please explain why)** |
| Is there a member of the **HPTN Leadership and Operations Center** included as an author? | Yes  No **(if no, please explain why)** |
| Do you have email approval from all the listed co-authors for manuscript/abstract to move forward? | Yes  No **(if no, please explain why)** |
| Have all partnering organizations had an opportunity to review, as agreed upon (e.g. pharmaceutical partners, non-NIH funders, etc.)? | Yes  No **(if no, please explain why)** |
| Has the DAIDS Medical Officer been given an opportunity to review? | Yes  No **(if no, please explain why)** |
| Has the order of the authors been agreed upon by all authors? | Yes  No **(if no, please explain why)** |
| Does manuscript/abstract include a statement acknowledging the HPTN and NIH (and others as appropriate) support for the work including a listing of applicable cooperative agreement numbers unless the journal's policy precludes such an acknowledgment? | Yes  No **(if no, please explain why)** |
| Proposed journal or conference |  |
| Does the manuscript/abstract contain primary results? | Yes  No |
| Does the manuscript/abstract contain key secondary results (as determined by the protocol team)? | ☐ Yes  ☐ No |
| Is the study ongoing or within four years of the primary manuscript? | Yes  No |
| Is the manuscript/abstract for a technical statistical or laboratory study? | Yes  No |
| If an opinion piece, does the manuscript/abstract include data? | Yes  No  N/A |
| Please acknowledge the author(s) is aware that it is their responsibility to ensure compliance with the 2024 NIH Public Access Policy. | Yes  No  N/A |

***Completed by MRC Chair and MRC Coordinator***

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| **Tier 1** | **Tier 2** | **Tier 3** |
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| **Reviewer** | **Names** |
| **HPTN PIs (only for primary results)** |  |
| **Chair/co-chair** |  |
| **SDMC** |  |
| **LC** |  |
| **LOC** |  |
| **SC/WG chair, as needed (manuscripts only)** |  |
| **Other** |  |
| **Other** |  |
| **Other** |  |