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| Procedure to be followed to make a request |
| 1. Complete the form below and save it as ***“Application-dd-mm-yyyy-Name-Surname.doc”*** format. 2. Send this file by E-mail to the IRNPQEO Administrative Coordinator: 3d[.hsj@ssss.gouv.qc.ca](mailto:Isabelle.krauss.hsj@ssss.gouv.qc.ca)   Mention the name of your file ***(application-dd-mm-yyyy-Name-Surname)*** in the "subject" field. |
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| **Applicant’s identification** | |
| **Name, Surname of the applicant** |  |
| **IRNPQEO Member**  (Delete the useless mention) | YES NO |
| **Status**  (Delete the useless terms, keep one only) | Student at the Master's level  Ph. D. student  Post-doc Researcher  Researcher (Principal, Associate.)  Other (Please specify): |
| **If student, Person (s) in charge** (PI of the project, Director for dissertation, thesis, post-doctoral work) |  |
| **Department** |  |
| **University** |  |
| **Postal address** |  |
| **E-mail address** |  |
| **Phone number** |  |

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| **Preliminary discussion with other IRNPQEO researcher or committee?**  **If yes, please specify** | Yes No |

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| **Project description** | |
| **Title or subject of the project** |  |
| **Researchers**  (Provide name, position and Institution) |  |
| **Description of the project**  Submit 3 pages: background, objectives, methods, statistical analysis |  |
| **Give 5 specifics keywords** |  |
| **You are interested in data from which of the 3D studies?** |  |
| **What is the intended use of the data:**  Publication, Grant submission |  |
| **Need to contact participants:**  **If yes,** need one (several) extra visits, please specify: | Yes No |
| **The project requires an additional questionnaire:** | Yes No |
| **Number of participants that will be recruited:** |  |
| **Need for additional biological sampling:** | Yes No |
| **Specify which data will be sent or returned to the Data bank:**  New data collected, derived variables created, etc.  Results of laboratory analysis |  |
| **Funding requested:** | Yes No |
| **If yes, Agency:** |  |
| **Amount and period:** |  |
| **Date of funding:** |  |
| **Research Ethic Committee (REC)**  **-** Name of the REC who will evaluate the study  **-** OR attach a copy of the Ethic Certificate of the study including this research question |  |

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| **Inclusion/ Exclusion Criteria for Data and Sample Selection** |
| **Please indicate any inclusion or exclusion criteria you wish to apply in order to select a subgroup of participants for analyses.**  *Ex.: ART participant, maternal age > 35 years old, GA < 37 weeks, serum sample available at visit 1 and 3, etc.* |
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| **Data Request** |
| **Required variables (measures). You should choose the Sections of the questionnaires (attached)** |
| |  |  |  |  | | --- | --- | --- | --- | | **List of variables or measures** | **Study Visit Number** | **Researcher(s) responsible for measure** | **Comments** | |  |  |  |  | |  |  |  |  | |

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| **Bio specimen Request for additional assays** |
| **Required bio specimen (see details of IRNPQEO Biobank)** |

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| Bio specimen | Study visit number | Specify:  mother, father, child | Minimal specimen volume needed | Number of patients | Biomarkers to be measured |
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| **Person (s) in charge** PI (Responsible) of the project  Name(s) (and e-mail) | Electronic signature |

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| **ADMINISTRATIVE SECTION BELOW TO BE COMPLETED**  **BY THE COORDINATION CENTER ONLY** | | |
| **Authorizations to access** | | |
| **Response Deadline :** | Form access received on |  |
| Request for Authorizations |  |
| Authorized |  |
| Cost for Data access:  Cost for Data extraction: |  | |
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