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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

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 ResearcherResearcher (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)**  |
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| **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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