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|  | The Canadian Children Inflammatory Bowel Disease Network |

# Request For Data Form

## Requestor Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |

|  |  |
| --- | --- |
| Site of Requestor: | Choose an item. |
|  | CIDsCaNN Site (Select from the drop down) |
| Email Address of Requestor: |  |
| Secondary contact/Email: |  |

## Background Information

|  |  |
| --- | --- |
| Location of Data: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Select from the drop down* |

|  |  |
| --- | --- |
| Clinical/Research Question (brief): |  |
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| --- | --- | --- |
| Disease Type (check all that apply): |[ ]  Crohn’s Disease |[ ]  Ulcerative Colitis |
|  |[ ]  IBD-U |[ ]  IBD-U favouring CD |
|  |[ ]  IBD-U favouring UC |  |  |
| Sex: | Female[ ]  | Male[ ]  | Both[ ]  |

|  |  |
| --- | --- |
| Variables of Interest (e.g., Age): |  |
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| Desired Descriptive Statistics (e.g., frequencies, counts, distributions, mean, median, IQR, etc.): |
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|  |

## Administrative (for DMIC/DCC completion)

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| --- | --- | --- |
| DMIC Status: |[ ]   Approved -Date:Click or tap to enter a date. |[ ]   Clarification required |
| DMIC comments: |  |
|  |  |
|  |
| Data Manager Status: |  |
| Extraction Complete? |[ ]   Yes |[ ]  No (Clarification required) |
| **Data Manager Comments**: |  |
|  |  |
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