Granting agency/Funding opportunity:

Title of proposal being submitted

Deadline for submission

Principal investigator on application (underline, if a CIDsCANN PI/co-PI)

Co-investigators on application: (underline all CIDsCANN-associated investigators, if applicable)

CIDsCANN main contact(s)

Brief synopsis of proposal highlighting aspects, which involve Canadian Children IBD Network

Reason for CIDsCaNN Involvement: (circle all that apply)

Expertise Inception Cohort Data Biobanked Biospecimens from Inception cohort

Recruiting of new Patients for Proposed study Other:

Summary of **biospecimens** to be provided by CIDsCANN

*Patient type*:

*Number of such patients*

*Timing of biospecimen collection*:

*Indicate Type and amount of each biospecimen at each time point*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Amount required Timepoint 1:* | *Amount required Timepoint 2:* | *Amount required Timepoint 3:* |
| *Stool* |  |  |  |
| *Urine* |  |  |  |
| *DNA* |  |  |  |
| *Biopsies* |  |  |  |
| *Other* |  |  |  |

Summary of data required from above patients

Demographic data: eg. Age, gender, ethnicity

Phenotypic data: eg. Type of IBD, anatomic localization; current treatment

Questionnaire data: eg. FFQ; EQ

What access will Network researchers have to the results of the biospecimen testing and when?