Please complete the form.

## **PEDSnet Collaboration Request Form**

If you have any questions or run into problems, please email the PEDSnet Management Office. First name Last name Credentials (e.g., MD, PhD) Professional title (e.g., Associate Professor of Pediatrics) Email address Phone number Institution O Boston Children's Hospital Children's Hospital Colorado O Children's Hospital of Philadelphia Cincinnati Children's Hospital Medical Center O Nationwide Children's Hospital O Nemours Children's Health System St. Louis Children's Hospital Seattle Children's Hospital Other Name of "other" institution Please list names and institutions of your co-investigator team, if known. Would you like to provide an additional contact for correspondence? Yes  $\bigcirc$  No Please enter your additional contact's full name and role. Please enter your additional contact's email address. Have you discussed your research idea with a PEDSnet Site PI? Yes  $\bigcirc$  No



Please indicate which PEDSnet Site PI(s) you have discussed your research idea with.
<ul> <li>□ Tim Bunnell (Nemours)</li> <li>□ F. Sessions Cole (St. Louis Children's Hospital)</li> <li>□ Mark Del Beccaro (Seattle Children's Hospital)</li> <li>□ Mandy Dempsey (Colorado Children's Hospital)</li> <li>□ Jon Finkelstein (Boston Children's Hospital)</li> <li>□ Chris Forrest (CHOP)</li> <li>□ Kelly Kelleher (Nationwide Children's Hospital)</li> <li>□ Rita Mangione-Smith (Seattle Children's Hospital)</li> <li>□ Peter Margolis (CCHMC)</li> <li>□ Tim Wysocki (Nemours)</li> <li>□ None of the above</li> </ul>
If "None of the above" please provide the name of the PEDSnet contact you discussed your research idea with.
Is this request associated with a PCORnet Collaborative Research Group (CRG)?
<ul><li>○ Yes</li><li>○ No</li></ul>
Please indicate which PCORnet CRG you are representing.
Autoimmune and Systemic Inflammatory Syndromes  Behavioral Health Cancer Cardiovascular Health Diabetes and Obesity Health Disparities Health Systems, Health Policy and Public Health Hospital Medicine Kidney Health Pediatrics Pulmonary
Research Needs
Type of request (check all that apply)
<ul> <li>□ Data Consultation: I would like to determine the feasibility of using PEDSnet data to answer my research question.</li> <li>□ Research Collaboration: I would like to conduct a research study using PEDSnet data and resources.</li> <li>□ Other</li> </ul>
If "Other" type of request, please describe.
Please describe in more detail how you envision utilizing PEDSnet data to answer your research question.

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Study/Concept Information
Working title of research concept
Research question
Study design
<ul> <li>○ Observational study - analysis of existing data only</li> <li>○ Observational study - patient contact</li> <li>○ Intervention study or Clinical Trial</li> <li>○ Other</li> <li>○ Unsure</li> </ul>
If "Other" study design, please describe.
Specific aims
Outcome variable(s)
Covariates
If you have already developed a proposal and/or Letter of Intent related to this research concept, you may upload it here.
Please indicate a funding source for your request.
<ul> <li>Applying for a grant or submitting an LOI</li> <li>Self funded (e.g. departmental/ institutional funds)</li> <li>Have already secured grant funding</li> <li>Other</li> </ul>
If "Other" funding source, please describe.

**REDCap** 

Please indicate grant sponsor category.
<ul> <li>NIH R01</li> <li>NIH Program Project, Center or Core Grants</li> <li>Federal Grants - Other</li> <li>PCORI</li> <li>Private Foundation Grants</li> <li>Industry</li> <li>Fellowship/Training Grants</li> <li>Other</li> </ul>
Please indicate Federal Grant sponsor.
Please indicate Private Foundation sponsor.
Please indicate Industry sponsor.
Please indicate Fellowship or Training Grant sponsor.
If "Other" sponsor, please specify.
Grant Funding Announcement
Please copy the funding announcement URL for your grant submission into the below field. If you do not have the URL you may indicate "NA" and upload a PDF version of the announcement in the next field.
Please upload a PDF version of the funding announcement if URL is unavailable.
Submission deadline
Expected date of review/score
Earliest start date
Are you submitting a Letter of Intent (LOI)?
○ Yes ○ No
LOI submission deadline
<del></del>

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Is there anything else you would like share about your request?