****

**iCureCeliac® Research Proposal Form**

Date:

Name of investigator:

Title of investigator:

Investigator's institution:

 Address:

 Phone number:

 Email address:

 Web site for investigator/lab:

**Description of research to be performed and its benefit to people with celiac disease and/or gluten sensitivity, written in language understandable by non-researchers.** Explain how the information to be generated by your research will potentially improve the lives of people with celiac disease or gluten sensitivity. For example, if your research could help to treat, cure, or diagnose celiac disease or gluten sensitivity, or improve the health or quality of life of people with celiac disease or gluten sensitivity, describe in simple language how the results would facilitate these outcomes.

**Description of study participants/cohorts needed.** Indicate whether you are requesting data, samples and/or participation from the entire iCureCeliac® cohort or from a subset of the cohort. If your study will involve a subset of the iCureCeliac® cohort, list your inclusion/exclusion criteria.

**Data from iCureCeliac®** **participants required for the study.** These may include previously collected data and/or prospectively collected data. Include data obtained by questionnaire, mobile app, device, or other method.

**Biosamples from iCureCeliac® participants required for the study.** These may include previously collected (banked) samples and/or prospectively collected samples. Be sure to indicate the type(s) of sample needed as well as quality/volume of each type of sample needed.

**Other resources required for the study.** For example, include data from PCORnet and its member networks.

**Detailed description of research to be performed using the data and/or samples:** Be sure to include:

* Description of techniques to be used in performing the study
* Description of results that are expected to be generated through this research
* Analysis of the statistical power of your proposed study
* Quality assurance/quality control processes to be followed

**Potential impact of your study:** What important questions will your study help to answer? What important problems will your study help to solve?

**Description of data and/or findings to be returned to iCureCeliac®** **upon completion of your study.** Note that a grace period will be allowed between completion of the study and submission of your data/findings to iCureCeliac® to allow for publication and securing of IP rights.

**Has your proposed study been approved by an IRB?** If not, please describe your plans for obtaining IRB approval.

**Have you obtained full financial support for your study, including support for iCureCeliac®** **resources and efforts?** Please provide details including funding source. If funding support has not been obtained, please explain.

**How did you hear** about iCureCeliac®?

Please direct all proposals and questions about the review process, and submit completed proposals to icureceliac@celiac.org.