

**CROHN'S AND COLITIS CANADA |**  
**INNOVATIONS IN IBD APPLICATION FORM**



600-60 St. Clair Ave. East, TORONTO, ONTARIO M4T 1N5  
 Phone (416) 920-5035 | Fax (416) 920-0364 | E-mail [researchassistant@crohnsandcolitis.ca](mailto:researchassistant@crohnsandcolitis.ca)

APPLICANT(S)	SURNAME(S)	GIVEN NAME(S)	INSTITUTION(S) AND ADDRESS
MAILING ADDRESS OF APPLICANT			NAME OF INSTITUTION, ADDRESS AND DEPARTMENT (to which payment should be sent)
TEL. NO:			
FAX NO:			
E-MAIL ADDRESS:			
TITLE OF RESEARCH			
SUGGESTED REFEREES <i>[(recommended referees should not include previous or current supervisors, mentors or collaborators)]</i>		AREAS OF EXPERTISE	
NAME, ADDRESS, TELEPHONE NUMBER, FAX NUMBER, &E-MAIL			
<b>1</b>			
<b>2</b>			
<b>3</b>			
SIGNATURES PRINCIPAL APPLICANT			HEAD OF DEPT
_____			_____
Date			Date
			DEAN OF FACULTY
_____			_____
Date			Date

For those applications containing Co-Investigators, please utilize the **Co-Investigator Signatures Supplementary Form**.  
 For each named Co-Investigator, please append **a one-page letter** to the back of the application form detailing/explaining the interactions between the Principal Investigator and the Co-Investigator.  
 A signed Letter of Collaboration is requested from each stated Collaborator.

TITLE OF RESEARCH

**ABSTRACT**

TITLE OF RESEARCH

**LAY ABSTRACT**

**RESPONSE TO PREVIOUS REVIEWS (if applicable)**

Applicants may respond to previous reviewers' comments if this is a resubmission of an unsuccessful application. The response should be able to stand alone, and should not require reference to any other document as the current reviewers will not have access to previous application information (**maximum 1 page**).

**BRIEF STATEMENT OF THE INNOVATION NATURE OF THIS PROPOSAL**

**WHAT IS THE RELEVANCE OF THIS PROJECT TO IBD RESEARCH AND/OR IBD?**

**BUDGET**

	<b>Number</b>	<b>% of Time</b>	<b>Amount</b>
<b>A</b> Equipment			
<b>B</b> Personnel			
<b>C</b> Materials and Supplies			
<b>Total</b>			

DETAILS OF FINANCIAL ASSISTANCE REQUESTED

Empty space for providing details of financial assistance requested.

**DETAILS OF PROPOSED RESEARCH AND BIBLIOGRAPHY**

You may attach up to four (4) additional pages, the proposal must not exceed five (5) pages. Publications and papers prepared for submission for publication may also be enclosed if included as clearly designated appendices to the research proposal. No other additions or appendices are permitted. Application format must include: **research objectives; review of literature; methodology; analytical methods/techniques; references/bibliography.**

**PERSONAL DATA** The Principal Investigator must complete this section. Co-Investigators must complete the **Co-Investigator Information Supplementary Form.**

SURNAME AND GIVEN NAMES

**A Education**

DEGREES	UNIVERSITY OR INSTITUTION & LOCATION	SCIENTIFIC FIELD	YEAR

**B Research Training**

DATES FROM TO	INSTITUTION	DEPARTMENT	SUPERVISOR

**C Academic Positions Held**

DATES FROM TO	INSTITUTION	DEPARTMENT	POSITION



## D Publications

(Please list publications of any Co-Investigator(s) on a separate sheet.)

Total number (excluding abstracts) \_\_\_\_\_

Please list papers (excluding abstracts) published during the past five (5) years only. Include papers accepted for publication.

**E Other Funding**

List all research projects for which the Principal Investigator have applied for other funding concurrently with this application. List projects for which you are currently receiving, or have received, funding in the past three (3) years. Please state the nature of any overlap with this application. Give **title, summary, budget, agency, precise dates, and tenure of these awards** . Co-investigator's current funding should also be identified, and any overlap with this application should be stated.

**ETHICAL CONSIDERATIONS**

**ANIMAL RESEARCH**

<p>Enclose a statement signed by the applicant and the chairman of the local Animal Care Committee that research protocol and the care of the animals conforms to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care.</p>	Form included	<input type="checkbox"/>
	Form to be sent	<input type="checkbox"/>
	Not applicable	<input type="checkbox"/>

**HUMAN RESEARCH**

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and/or “Human Pluripotent Stem Cell Research: Guidelines for CIHR-Funded Research”, and that the proposed research will not be undertaken until it has been accepted as ethical by an institutional local committee. Such a committee will consist of a **representative** appointed by the Dean or the institutional administrative office, **two** individuals knowledgeable in the field of the proposed research but not associated with the proposed project and preferably not from the department in which the project is to be carried out, and **one or more** individuals who would represent a general point of view.

Human subjects	<input type="checkbox"/>	Human pluripotent stem cells	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Form included	<input type="checkbox"/>	Form included	<input type="checkbox"/>		
Form to be sent	<input type="checkbox"/>	Form to be sent	<input type="checkbox"/>		