

## [CRN NAME] Investigator Collaboration Request Form

Indication of interest due:

Project Information	
PI(s)	
Study Name	
Lead Institution	
Additional Collaborating Institutions	
Participating PCORnet® Clinical Research Networks	<input type="checkbox"/> ADVANCE <input type="checkbox"/> GPC <input type="checkbox"/> INSIGHT <input type="checkbox"/> OneFlorida+ <input type="checkbox"/> PaTH <input type="checkbox"/> PEDSnet <input type="checkbox"/> REACHnet <input type="checkbox"/> STAR
Current Funding Status	<input type="checkbox"/> Funded <input type="checkbox"/> Grant application in progress <input type="checkbox"/> Letter of Intent in progress <input type="checkbox"/> Other ( <i>please specify</i> ):
Funding Agency & Details	
Total Grant Amount	
Relevant Deadlines/Timeline Considerations	
Study Summary	
Study Aims	
Patient/Community Engagement Plan	
Study Cohort Specifications	
Inclusion Criteria:	
Exclusion Criteria:	
Control Cohort:	

[CRN LOGO/BRANDING]

<b>Study Team Request from Collaborators</b>	
<b>Requested Medical Specialty/Area of Interest for Collaborating Investigators:</b>	
<b>Request Type:</b>	<input type="checkbox"/> Data request <input type="checkbox"/> Participant/patient recruitment/enrollment <input type="checkbox"/> Participant/patient engagement <input type="checkbox"/> Investigator expertise <input type="checkbox"/> Participant/patient expertise <input type="checkbox"/> Other ( <i>please specify</i> ):
<b>Scope of Work (SOW) for Collaborating Investigators:</b>	
<b>Benefits of Participation for Collaborating Investigators &amp; Patient Population</b>	
<b>Budget Considerations:</b>	
<b>Questions/Clarifications/Additional Notes for Sites:</b>	

## Interested in Collaboration?

Complete and submit this [CRN NAME] Collaboration Request Response Form [LINK TO COLLABORATION REQUEST RESPONSE FORM], and we will be in touch with any next steps.