INSIGHT
Clinical Research Network

[PCORnet CRN] Call for Concepts Form

Thank you for your interest in leveraging [PCORnet CRN] for your research concept. This form is designed to capture key information about your proposed topic, including its scientific rationale, relevance, and potential impact. The information provided will be used by the [PCORNET CRN] CC team to identify collaboration opportunities, recommend [PCORNET CRN] services that can help develop your study, and provide context for our consultation.

Please provide your responses to the following questions. The [PCORNET CRN] CC will reach out afterwards to schedule a project kick-off call.

Contact & Role

1. **Name** – (short paragraph text) mandatory
2. **Email** – (short paragraph text) mandatory
3. **Emails of others you'd like copied on communication** (multi textbox)
    - Branching logic for 3 rows (show if box before = NOT EMPTY)
4. **Affiliation/Site** (Dropdowns of [PCORNET CRN] Sites, other PCORnet Sites, text box for "Other") mandatory

What would you like to know about [PCORNET CRN] services? (Paragraph text)

Study details

1. **Concept_field** — What categories apply to your concept? Check all that apply. (Checkboxes) mandatory
    - **Artificial Intelligence & Machine Learning**
    - **Cardiovascular**
    - Health Disparities
    - Cancer
    - **Behavioral & Mental Health**
    - Gastroenterology
    - Autoimmune
    - **Metabolic Disease**
    - Neurosciences
    - Pulmonary
    - Healthcare Delivery
    - **Obesity/Diabetes**
    - Renal
    - Rare Diseases, specify
    - Other, specify
    - N/A

2. **AI_use**—Are you planning on using AI in your study concept? (radio button)
    - Yes
        - [IF YES] If so, are you planning on using any of the following methodologies (check all that apply):
            - Data Integration and Harmonization
            - Predictive Modeling and Outcome Estimation
            - Natural Language Processing (NLP) / Large Language Models (LLM)
            - Causal Inference and Bias Reduction
            - Personalized Comparative Effectiveness
            - Simulation and Virtual Trials
            - Other (please specify)
    - No
    - Not sure
3. **Research_gap**—In 3-5 sentences, describe the research need/gap in literature that this concept aims to address. (Paragraph text box) mandatory
4. **Research_question**—State your primary research question or proposition. This may be broad or narrowly focused, depending on your stage of concept development. (Paragraph text box)
5. **Prior_research**—Summarize any prior research you have conducted that is relevant to this concept. (Paragraph text box)
6. **Study_design**—If a study design has been identified for this project, please select the most appropriate option(s) below. Check all that apply (checkboxes)
    - Prospective (e.g., cohort study, longitudinal study, clinical trial)
    - Retrospective (e.g., chart review, secondary data analysis)
    - Cross-sectional
    - Experimental (e.g., randomized controlled trial, quasi-experimental)
    - Observational (non-interventional)
    - Mixed-methods
    - Qualitative
    - Not sure
    - Other
        - [IF OTHER] Please Specify: (paragraph text box)
7. **Population**—What is your population(s) of interest for this study? mandatory
    - Adults
    - Older Adults
    - Children
    - Adolescents
    - Racial and/or Ethnic Minority Populations
    - Low Socioeconomic Status (SES)
    - Underserved Rural Populations
    - People with Disabilities
    - Sexual Minority Groups

- People with intellectual/developmental disabilities
- Pregnant people
- N/A

a. Other
    i. [IF OTHER] Please Specify: (paragraph text box)

Funding Opportunities

1. Have you identified a funding opportunity for this concept?
    a. Yes
        i. [IF YES] Which funder(s)?
            - Patient-Centered Outcomes Research Institute (PCORI)
            - National Institute of Health (NIH)
            - Other Federal
            - Industry
            - Foundation
            - Other (please specify)
                a. [IF OTHER] Please Specify: (paragraph text box)
    b. No

Thank you for submitting this survey. The [PCORNET CRN] CC team will review your request in XX days and reach out to schedule an introductory meeting.
