

Application for Clinical Collaboration



Study Name:

Principal Investigator:

Affiliation:

Email:

Phone

Collaborators

If this is a collaborative study please list other researchers (Name, Email, Affiliation, and Role):

Will related data be (or has it been) collected and analyzed with other collaborators?

YES NO

If YES, please give a brief outline of those projects

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Do you want to consult with The Center on Study Design or Regulatory Issues?

YES NO

Study Details

Summary (including rationale, proposed study design, location, number of patients, number and type of samples):

Target Enrollment Date:

Have you have already been applied for, or been awarded funding to support this project?

YES NO

Will funding cover Data Generation and Analysis provided by the Center?

YES NO

For exceptional studies, we will commit to funding Data Generation and Analyses. Please check here to be considered for this additional support

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Regulatory Documentation

Protocol Approved by Institutional Review Board Y N

List Institute and Approved Protocol Number:

Please Attach a Copy of your Approved Protocol and Approval Letter

IND Approval (if needed) Y N N/A

IND Number:

Sample Types for Data Generation and Analysis

16S RNA gene sequencing Number of Stool Samples:

Metagenomic Sequencing Number of Stool Samples:

Fecal Calprotectin Assay Number of Stool Samples:

Short Chain Fatty Acids Number of Stool Samples:

Stool Metabolomics Number of Stool Samples:

Serum Metabolomics Number of Blood Samples:

T-cell Receptor Sequencing Number of Blood Samples:

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Collaboration Approval by:

Eric J. Alm, Co-Director (Signature and Date)

Ramnik J. Xavier, Co-Director (Signature and Date)
