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**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.**

**Description of study participants/cohorts needed.** Indicate whether you are requesting data 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.

**Detailed description of research to be performed using the data:**

* 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.