SHIELD CF Collaboration Proposal Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principle Investigator | Name: |  | Qualifications: |  |

|  |  |
| --- | --- |
| Position: | Department: |

|  |
| --- |
| Organisation: |
| Address: |
| Email: | Phone: |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Co-Investigator | Name: |  | Qualifications: |  |

|  |  |
| --- | --- |
| Position: | Department: |

|  |
| --- |
| Organisation: |
| Address: |
| Email: | Phone: |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Co-Investigator | Name: |  | Qualifications: |  |

|  |  |
| --- | --- |
| Position: | Department: |

|  |
| --- |
| Organisation: |
| Address: |
| Email: | Phone: |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Co-Investigator | Name: |  | Qualifications: |  |

|  |  |
| --- | --- |
| Position: | Department: |

|  |
| --- |
| Organisation: |
| Address: |
| Email: | Phone: |  |

 |

For further Co-investigators please copy and paste additional fields

**Background to Study**

**Clinical and/or Scientific Rationale**

**Relevance to Early CF Lung Disease**

**Brief Study Protocol**

(Please include the key aspects of how clinical samples and data will be utilised)