



CanCORPS Study Proposal

Canadian Consortium for Research in Pediatric Surgery

Le consortium Canadien pour la recherche en chirurgie pédiatrique

In a maximum of 4 pages, provide the following information:

1. **Study Title:** [Click here to enter text.](#)
2. **Lead Institution:** [Click here to enter text.](#)
3. **Principal Investigator:** [Click here to enter text.](#)
4. **Co-principal Investigator:** [Click here to enter text.](#)
5. **Study Objectives:** [Click here to enter text.](#)
6. **Study Type:** [Click here to enter text.](#)
7. **Study description:**
 - 7.1. **Background Information** (e.g., literature review). [Click here to enter text.](#)
 - 7.2. **Study hypothesis.** [Click here to enter text.](#)
 - 7.3. **Brief overview of the study design, methodology, and analysis plans.** [Click here to enter text.](#)
 - 7.4. **Dissemination ideas/knowledge translation strategy.** [Click here to enter text.](#)
8. **Level of Evidence:** [Click here to enter text.](#)
9. **Expected progress of the proposed research study**
 - 9.1. **Brief Summary:** [Click here to enter text.](#)
 - 9.2. **Anticipated start date:** [Click here to enter a date.](#)
 - 9.3. **Milestones included in Gantt chart format:**
 - 9.4. **Specify the status, if any, of the program's ethics application at the time of study proposal submission:** [Click here to enter text.](#)

10. Contact information (not counted in page limit)

10.1. Principal Investigator

- 10.1.1. Name: [Click here to enter text.](#)
- 10.1.2. Title: [Click here to enter text.](#)
- 10.1.3. Institution name: [Click here to enter text.](#)
- 10.1.4. Department name: [Click here to enter text.](#)
- 10.1.5. Full mailing address: [Click here to enter text.](#)
- 10.1.6. Phone number: [Click here to enter text.](#)
- 10.1.7. E-mail address: [Click here to enter text.](#)

10.2. Co-Principal Investigator

- 10.2.1. Name: [Click here to enter text.](#)
- 10.2.2. Title: [Click here to enter text.](#)
- 10.2.3. Institution name: [Click here to enter text.](#)
- 10.2.4. Department name: [Click here to enter text.](#)
- 10.2.5. Full mailing address: [Click here to enter text.](#)
- 10.2.6. Phone number: [Click here to enter text.](#)
- 10.2.7. E-mail address: [Click here to enter text.](#)

10.3. Program Research Assistants/Coordinators (if applicable).

- 10.3.1. Name: [Click here to enter text.](#)
- 10.3.2. Title: [Click here to enter text.](#)
- 10.3.3. Institution name: [Click here to enter text.](#)
- 10.3.4. Department name: [Click here to enter text.](#)
- 10.3.5. Full mailing address: [Click here to enter text.](#)
- 10.3.6. Phone number: [Click here to enter text.](#)
- 10.3.7. E-mail address: [Click here to enter text.](#)

11. References (not counted in page limit)

Date of Submission: [Click here to enter a date.](#)

Upon completion, please e-mail the CanCORPS National Coordinator:

elena.guadagno@muhc.mcgill.ca
