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| **Date of request**  *(DD/MMM/YYYY)* | Click or tap to enter a date. |
| **Title of Proposed Research** | Click or tap here to enter text. |

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| **Primary researcher contact information**  CV must be submitted along with the Research Proposal | |
| Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Contact | *Please specify your preferred method of contact and provide details, e.g. email, mail or phone:*  Click or tap here to enter text. |

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| **Institution**\* **contact information** | |
| Institution name | Click or tap here to enter text. |
| Street address | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| State | Click or tap here to enter text. |
| Country | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| **Institution’s Authorized Signatory for Agreements** | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

\*Data Sharing Agreement is between CSL and the Institution

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| **Primary research team** | | |
| Name | Title | Institution |
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| **Statisticians** | | |
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| **Research rationale and objective**   * Provide the background and reasoning that supports the research proposal * Describe the outputs of this research and how these will advance medical knowledge |
| Click or tap here to enter text. |

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| **Research study design**  Include whether the research aims to perform further analysis of a single study as requested, perform a pooled analysis of multiple studies as requested or perform a pooled analysis including additional studies |
| Click or tap here to enter text. |

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| **Endpoints**  Describe the primary and secondary endpoints that will be analyzed in this proposed research | |
| Primary | Click or tap here to enter text. |
| Secondary | Click or tap here to enter text. |

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| **Description of clinical data and/or documents required to support the research proposal**   * List specific studies, data fields, time points being requested * Include full Protocol/Study ID and/or the identifying number from Clinicaltrials.gov or EudraCT * Provide reason(s) for each selection. Selections must be critical to the proposed research | |
| Request | Reason |
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| **Research duration**  What is the proposed duration to complete this research, e.g. 6, 12, 24 months? |
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| **Ethics/IRB Approval** | |
| Does the proposed research require Ethics/IRB approval? | Yes  No |

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| **Summary of Statistical Analysis Plan (SAP)** | |
| Description of endpoints, timepoints | Click or tap here to enter text. |
| Patient selection criteria | Click or tap here to enter text. |
| Effect measures | Click or tap here to enter text. |
| Statistical models and tests | Click or tap here to enter text. |
| Adjustment strategies | Click or tap here to enter text. |
| Plans for addressing multiplicity issues | Click or tap here to enter text. |
| Statistical precision/power to detect an effect given the sample size available | Click or tap here to enter text. |
| Strengths and limitations of the research | Click or tap here to enter text. |
| **Attach a detailed SAP including:**   * Planned population, inclusion/exclusion criteria, any exposure criteria, and events defining cases and exposed study groups * Effect measures and statistical models or tests used to address each primary and secondary endpoint * Methods of adjusting for confounding, including confounders or covariates to be considered and criteria for selection * Power to detect an effect, or the precision of the effect estimate given the sample size available, and how well assumptions for this are supported and form the basis of any clinically relevant differences * Model fit tests, and sensitivity analyses * Any planned subgroup analyses * Handling of missing or censored data * Meta-analysis criteria for the selection and eligibility of studies and the statistical methods for the meta-analysis and investigation of heterogeneity * How the results will be presented * The strengths and limitations of the research, including any potential bias in the results, which may arise from selection and/or confounding and major assumptions and uncertainties in the interpretation of the results | |

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| **Publication plan**  List plans for publication including document type (abstract, manuscript, poster, other) to be submitted and the estimated submission date |
| Click or tap here to enter text. |

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| **Research funding**  Provide the name of the funding sources that will be used for the research (current and planned, full or partial). Include research grants from governments or government agencies, the research funding number, donations, etc. |
| Click or tap here to enter text. |

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| **Potential conflict of interest**  Provide information of any relationship (financial, contractual, etc.) for each member of the research team that could be perceived to influence the planning, conduct or interpretation of the proposed research | |
| Researcher name | Potential conflict of interest |
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| **Three independent experts in the field**  Experts in the field whom CSL could consult, if needed, on the scientific merit of the proposal | | |
| Name | Title | Contact phone number |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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I understand that missing or incomplete information may result in rejection of the request or a delay in the completion of the request.

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| Primary Researcher Name |  | Signature |  | Date *(DD/MMM/YYYY)* |

*Except with the prescribed consent of the individual concerned, the Personal Data provided in this form will be used only for the purposes of processing this request and other directly related purposes. All information collected as a function of this request will be deleted 120 calendar days after the request has been closed, unless required for continuing legal requirements.*