**ESID Registry Research Proposal Form**

Application for access to data collected in the ESID online database

**Please print or type**

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| --- | --- | --- |
| **Applicant:** |  | |
| **Date:** |  | |
| **Title of study:** |  | |
| **Condition:** |  | |
| **Current evidence and need for a study:** |  | |
| **Objective(s):** |  | |
| * Primary |  | |
| * Secondary |  | |
| **In/exclusion criteria:** |  | |
| * Inclusion |  | |
| * Exclusion |  | |
| **Study design:** |  | |
| **Planned study duration:** |  | |
| **Statistical analysis1:** |  | |
| * Sample size calculation |  | |
| **Secured funds:** | Institution: | Grant: |
| Pharma: | Other (specify): |
| **Writing team and plans for publication2** |  | |

1 It is important that the study concept is discussed with a statistician prior to initiating data extraction and analysis. The ESID registry team can provide assistance in finding a suitable statistician, if necessary.

2 Please note and comply with the current version of publication rules available at:

https://esid.org/Working-Parties/Registry-Working-Party/Registry-publications

**Please add the following information:**

1. Previous experience in research in primary immunodeficiencies (list relevant publications)
2. A disclosure statement regarding potential conflicts of interest (such as financial affiliations with pharmaceutical companies)

Please send the completed form to the ESID registry chairperson at [registry@esid.org](mailto:registry@esid.org)

4 April 2023