**Research application form**

Title:

Short title (optional):

Authors:

# Administrative Information

Principal investigator:

Responsible investigator:

(must be member of SIBDCS, ultimately responsible for admininistration, finances, scientific report)

Study starting date:

Study duration:

Date of first submission:

The corresponding author must approve that the following statements are fulfilled   
(please type your initials at the left side)

**🗖** I confirm that all co-authors have seen the current version of the project and agreed with the submission of the current version of the protocol

Reserved for the CoLaus|PsyCoLaus Scientific Committee

Projet number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision of the CoLaus|PsyCoLaus Scientific Committee, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🗖 Agreed 🗖 Rejected 🗖 Agreed, with changes (indicated below)**

# Introduction

# Study Aims and Objectives

# Study Design and Plan

# Needed data and/or material

# Dissemination of results

# References