

INNOVATIONS IN IBD APPLICATION – 2018
INNOVATIONS EN RECHERCHE SUR LES MII
APPLICATION – 2018



Crohn's and
Colitis Canada
Crohn et
Colite Canada

SUPPLEMENTARY FORM FOR CO-INVESTIGATORS AND COLLABORATORS

Use this form to detail the relationship between the principal investigator and each co-investigator/ collaborator. Please ensure each co-investigator/collaborator signs this form. / Utilisez ce formulaire pour détailler la relation entre l'investigateur principal et chaque cochercheur / collaborateur. Assurez-vous que chaque co-chercheur/ collaborateur signe également le formulaire.

CO-INVESTIGATOR OR COLLABORATOR NAME

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STATEMENT OF COLLABORATION

Please include below a statement detailing the interactions between the principal investigator and co-investigator/ collaborator. Please limit your statement to maximum 250 words. / Veuillez inclure ci-dessous une déclaration détaillant les interactions entre le chercheur principal et le co-chercheur / collaborateur. Veuillez limiter votre déclaration à 250 mots maximum.

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SIGNATURE OF CO-INVESTIGATOR OR COLLABORATOR

Signature:

Date:

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