**Project Support Feasibility Application**

Date of Submission: Click here to enter a date.

Project leader/applicant: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

Team members and role:

Click here to enter text.

Proposed project title: Click here to enter text.

Objective and outcomes: Click here to enter text.

Hypothesis: Click here to enter text.

Deadline and for what purpose? (e.g. conference, manuscript)

Click here to enter text.

Have you submitted your project for ethics approval? We suggest applicants submit a feasibility application prior to applying for ethics approval.

[ ]  Yes

[ ]  No

Is data collected and ready for analysis?

[ ]  Yes

[ ]  No

Data sources (e.g. Discharge Abstract Database, BC Cancer Registry, Breast Cancer Outcomes, researcher collected data, need advisement):

Click here to enter text.

How many patients/sample size? Click here to enter text.

Study period (if known): Click here to enter text.

What support do you require?

[ ]  Study design support

[ ]  Data collection/database support

[ ]  Statistical analysis and results

[ ]  Review of completed analysis

[ ]  Other, please specify: Click here to enter text.

Please provide a brief description of the proposed project (max 1500 characters). This should include very brief background and an overview of the proposed project.: