**BCAN PSN Request Form**

**BCAN PSN Request ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate below the purpose of the BCAN PSN request.**

[ ]  Survey for research

[ ]  Inform research design

[ ]  Identify patient advocate research partners

**If you wish to perform a survey for research:**

* *Briefly describe your research question.*
* *Please attach a form with the requested survey questions (if available).*
* *Describe the intended sample characteristics for your research study (e.g. disease stage, undergoing treatment or surveillance, demographics)*
* *Describe how you plan to disseminate results to the bladder cancer patient community*

**If you wish to inform research design:**

* *Briefly describe your research question.*
* *What kind of design questions do you wish to answer with the BCAN PSN.*
* *Please attach a form with the requested survey questions.*
* *What is the target funding mechanism?*
* *What is the deadline?*

**If you wish to identify patient advocate research partners:**

* *Briefly describe your research question.*
* *Why do you wish to engage research partners on your team?*
* *What is the specific target population you wish to engage (e.g. stage, treatment, demographics)*
* *Do you plan to provide compensation for patient advocate’s time and expertise?*

If you have any questions, contact Morgan Stout at mstout@bcan.org