

EOI for registry-type collaboration with GenV

Please fill this form as completely as possible before submitting to [solutionsgenv@mcri.edu.au](file:///C:/Users/hayley.warren/Downloads/solutionsgenv@mcri.edu.au). We aim to get back to you within a week to acknowledge your EOI, and to discuss next steps (eg ask for more information, make a time to talk).

You may wish to read [GenV’s registries strategy](https://www.mdpi.com/2227-9067/8/4/285/htm) before filling it out.

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| 1. Lead contact’s name, email and phone number |
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| 1. Name of study PI |
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| 1. Registry name. If registered, include registration information. |
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| 1. Is this an existing registry or a new registry under development? |
| *Pick an option from this drop-down list* |

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| 1. Aim of registry |
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| 1. Rationale for study (~150 words) |
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| 1. Brief description of the registry (~300 words). Please include:  * **Condition or area of focus** (including incidence rate) * **Target population** (including coverage/location – whole of Victoria preferred), * **Recruitment methodology** (eg ages; regions or services for an existing registry; point of recruitment, eg diagnosis, surgery, admission) * **Any support/endorsement from external organisations** * **Other information** |
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| 1. Please list data (exposure / outcome / other) of interest with further details below. Please include any data you hope GenV may collect. | | | |
| **Data of interest (exposure / outcome / other - specify)**  (please add extra rows as required) | **Tool / Measure / Data source**  (eg K10 questionnaire, ICU admission, pathology findings) | **Timepoint (with year)**  (eg T0 in June 2022, T1 in March 2023 – see table for Q12) | **Participant (with age, if relevant)**  (eg child aged 2 years, parent <50 years) |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |

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| 1. How would you like to collaborate with GenV? |
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| 1. Please outline any potential risks to participants. |
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| 1. What is the expected sample size of the registry, assuming it includes only those born in the period of GenV recruitment (Oct 2021 to Sept 2023) or their parents? If the registry will be undertaken nationally or internationally, please include details of the expected sample size within Victoria. |
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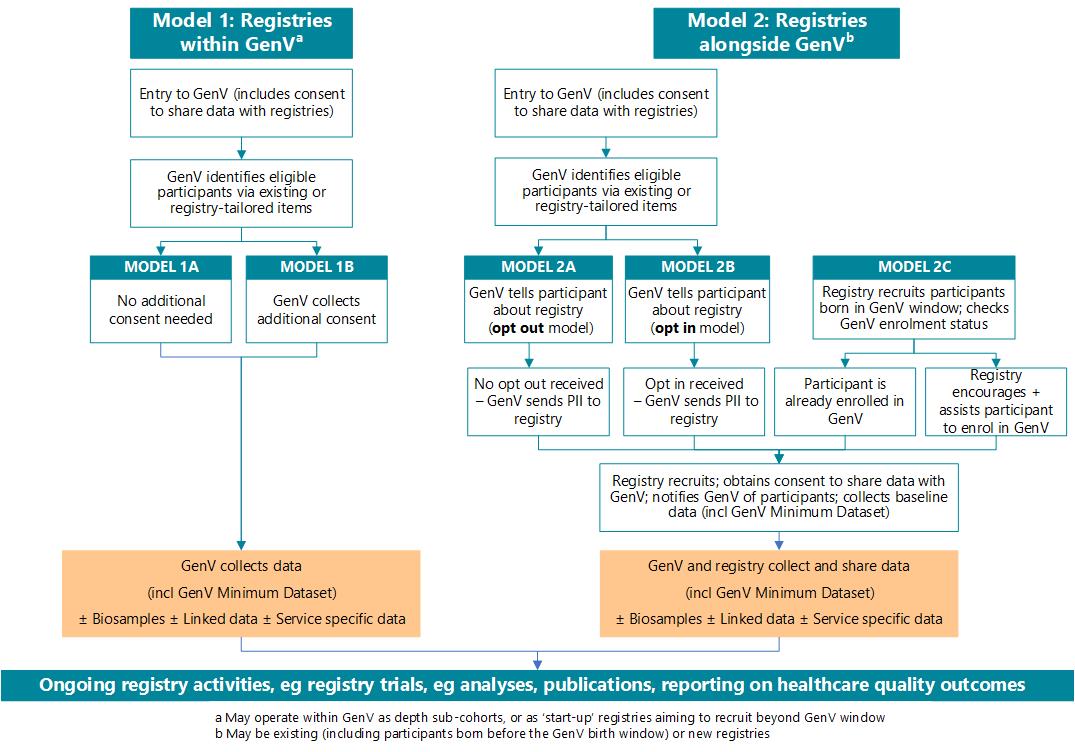
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| 1. The proposed start date and duration of your registry |
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| 1. How do the timepoints of your registry fit with the age of GenV participants across calendar years?  Please mark on the table below (eg T0, baseline; T1, 6 months; T3, 2 years). Green = GenV Vanguard, Orange = GenV Cohort.  *Please note: Vanguard recruitment was undertaken from December 2020 to October 2021 and Cohort recruitment will occur from October 2021 to October 2023.* |
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| **Age** | **Dates** | **2021** | | **2022** | | **2023** | | **2024** | | **2025** | | **2026** | | **2027** | |
| **0-1y** | 10/2021-10/2024 |  |  |  | |  | |  |  |  | |  | |  | |
| **1y-2y** | 10/2022-10/2025 |  | |  |  |  | |  | |  |  |  | |  | |
| **2y-3y** | 10/2023-10/2026 |  | |  | |  |  |  | |  | |  |  |  | |
| **3y-4y** | 10/2024-10/2027 |  | |  | |  | |  |  |  | |  | |  |  |

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| 1. At which sites or locations will the registry be delivered? |
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| 1. Type of registry |
| *Pick an option from this drop-down list* |
| Enter additional comments. |



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| 1. Which of the collaboration models (on the graphic below) do you think might be most appropriate for this registry? |
| *Pick an option from this drop-down list* |
| Enter additional comments. |

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| 1. Governance structure of registry |
| *Pick an option from this drop-down list* |
| Enter additional comments. |

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| 1. Are funds available to support the study? |
| *Pick an option from this drop-down list* |
| Enter additional comments. |

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| 1. Please answer one of:   a. If you answered **Yes – fully** in question 18, please detail funding coverage, source and type.  b. If you answered **Yes – partially** in question 18, please detail which components are funded.  c. If you answered **No – funding application currently in review** in question 18, please provide further details of the application in review. |
| a. |
| b. |
| c. |

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| 1. Have you obtained ethics approval for the study? |
| *Pick an option from this drop-down list* |
| Enter additional comments. |