*Cover Letter Template (please delete)*

To the Chairs of the CTN Review Panels:

**Study Name:**

**Type of Study:**

**Description of the Study (in lay language, maximum 500 words):**

**Primary Objective:**

**Secondary Objective:**

**Proposed Core Affiliation** (delete Cores not-applicable to this study)**:** Co-Infection & Concurrent Diseases (CCD), Clinical Management Science (CMS), Prevention & Vulnerable Populations (PVP), Vaccines & Immunotherapies (VIT)

**This research aligns with which CTN scientific priority? Check all that apply.**

[ ]  Includes a key population: Indigenous people, MSM, from HIV/STBBI- endemic countries, people with mental

 health challenges; or People Who Use Drugs(PWUD)

[ ]  Includes community consultation or project includes community members (attach plan to application).

[ ]  Prevention - developing and testing: interventions for prevention and harm reduction AND/OR strategies for

 early detection and treatment of HIV and other STBBIs.

[ ]  Optimizing Health Outcomes – focuses on treatment strategies and improving health outcomes for persons

 living and aging with HIV and STBBIs.

[ ]  Cure – seeking innovative cures for HIV

[ ]  Other (add a brief explanation here):

**Target Number of Participants for the Study**:

**Number of Sites:**

|  |  |  |
| --- | --- | --- |
| Site Name/Location | Site Investigator | Expected Enrolment # at Site |
| *(add rows as needed)* |  |  |
|  |  |  |
|  |  |  |

**CTN Services Requested**:

|  |  |
| --- | --- |
| [ ]  Protocol Development | [ ]  Regulatory/CTA (Health Canada and other jurisdictions) |
| [ ]  Data Management | [ ]  Monitoring |
| [ ]  Methodology | [ ]  Research Coordinator/Project Manager |
| [ ]  Statistical Analysis | [ ]  Health Economics |
| [ ]  Automated Randomization | [ ]  DSMC |
| [ ]  Communications and Knowledge Translation |  |
| [ ]  Other (please describe):  |  |
|  |

**Funding Request from the CTN** (please describe and justify rationale for this request):

**Justification for Study/Additional Comments:**

**Contact Information for Additional Questions:**

Sincerely,

*Signature*

Institutional affiliation/credentials