Does your IRB approval identify Departmental Research Boards as an applicable recruitment method?

☐ Yes
☐ No

If No, please amend your IRB to include Departmental Research Boards prior to submitting this form in order to include your study information on our website.

Please indicate study Signature Area:

☐ Acute and Chronic Illness  ☐ Palliative Care Science
☐ Data Science and Health Technologies  ☐ Pregnancy Outcomes, Mother and Infant Health, Family Health

PI(s):

Please identify all pertinent investigators.

Study Title:

Please enter the full study title.

Study Details:

In layman’s terms, and one or two sentences, please describe the study.

Study Procedures:

Simply stated, what is expected of participants and how much time to participate in each activity?

Eligibility:

Who is eligible to participate?

Contact:

Study contact information including name, phone numbers, and email addresses.

Please include the start and end dates for your study.  Start: _______________  End: _______________

Signature: ____________________________________________  Date: __________________________