

# Center for Research Development and Scholarship

Departmental Research Board (Online)

Study Information Intake Form

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

Data Science and Health Technologies

Palliative Care Science

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: \_\_\_\_\_