**New Research Proposal Form**

**Principal Investigator**: Click here to enter text. **Email**: Click here to enter text.

**Institution/Department**: Click here to enter text.

**Co-investigator(s):** Click here to enter text.

**Date**: Click here to enter a date.

**Title of Proposal**: Click here to enter text.

**Hypothesis**: Click here to enter text.

**Type of Study**: Choose an item.

**Background-**

**Define the Knowledge Gap that Study Addresses:**  Click here to enter text.

**Study Aim(s)-**

**Primary Aim**: Click here to enter text.

**Secondary Aim:**  Click here to enter text.

**Proposed Study Population-**

**Inclusion Criteria:** Click here to enter text.

**Exclusion Criteria:** Click here to enter text.

**Outcome Measures-**

**Primary Outcome:** Click here to enter text.

**Secondary Outcome(s)**:Click here to enter text.

**Data Collection Variables**: Click here to enter text.

**Planned Duration of Study**: Click here to enter text.

**Center Participation Goal**: Click here to enter text.

**Patient Recruitment Goal**: Click here to enter text.

**Power Analysis Performed**: **Yes** [ ]  **No** [ ]

**Plan for Statistical Analysis**: Click here to enter text.

**Expected/Anticipated Results**: Click here to enter text.

**Define How Findings from this Study Will Serve as the Foundation for Future Studies or Future Funded Research**: Click here to enter text.

**Does Study Require Informed Consent, Describe Rationale**: Click here to enter text.

**Key References -**

Click here to enter text.

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**Signature Date**

**Principal Investigator (Attending)**

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**Signature Date**

**Co-investigator (Resident/Student)**

Submit completed form to: CECORC@ruhealth.org

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