

EMRAP Research Study Proposal Form 2018-2019

Please complete and submit the following form to Emrapkmc@gmail.com

- Study Objective (Write in 3-5 Sentences)

- Please select all the following that describe(s) your clinical study design:
 - o Prospective
 - o Retrospective
 - o Follow Up
 - o Observational Study
 - o Multi site
 - o Multi specialty
 - o Randomized

- Inclusion Criteria (Please List)

- Exclusion Criteria (Please List)

- When was the study protocol narrative approved by the Institutional Review Board (IRB)?

- When is your projected start date for enrollment?

- What is your targeted enrollment number?

- How long do you anticipate the study will take to reach target enrollment?

- What do you envision to be EMRAP's role and involvement with your study?