**PHDD Data Request and Research Proposal Form**

1. **CONTACT INFORMATION**

**Proposal Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiliated Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-investigator Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **RESEARCH PROPOSAL TITLE**
2. **RESEARCH QUESTION, HYPOTHESIS, PRIMARY AND SECONDARY AIM (up to 100 words)**
3. **BACKGROUND/SIGNIFICANCE (up to 100 words)**
4. **CHARACTERIZATION OF THE COHORT**

**(Describe the disease/condition, age of cohort, time period)**

1. **Specific INCLUSION & EXCLUSION CRITERIA**
2. **-PRIMARY AND SECONDARY OUTCOMES**
3. **VARIABLES TO BE INCLUDED**
4. **STATISTICAL ANALYSIS PLAN**
5. **REFERENCES ( up to 5 references )**
6. **FUNDING SOURCE ( if available ) :**
7. **HUMAN SUBJECTS REVIEW – IRB NUMBER**

Please provide your Institution’s IRB number for the study (if available):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **OTHER COMMENTS (up to 100 words)**

Please submit this to: lazaros.[kochilas@emory.edu](mailto:kochilas@emory.edu)

**Lazaros Kochilas, MD**

Director of Clinical Research

Sibley Heart Center Cardiology

Associate Professor of Pediatrics

Office: 1-404-785-0930