**PHDDR 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)**

1. **BACKGROUND/SIGNIFICANCE (up to 100 words)**
2. **CHARACTERIZATION OF THE COHORT**

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

1. **SPECIFIC INCLUSION & EXCLUSION CRITERIA**
2. **PRIMARY AND SECONDARY OUTCOMES**
3. **VARIABLES TO BE INCLUDED**
4. **STATISTICAL ANALYSIS PLAN**

**Will statistical support be needed for this project? If yes, explain in what capacity.**

1. **REFERENCES ( up to 5 references )**
2. **PROJECT TIMELINE**

**(Outline your general timeline from data abstraction to project completion)**

1. **DELIVERABLES & DUE DATES**

**(List desired deliverables such as abstracts, manuscripts, etc. as well as associated known due dates if they apply)**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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)**

COMPLETE Application Checklist:

1. Application filled out in its entirety
2. Ghost tables/figures attached
3. IRB approval (if already received for project)
4. Financial/Funding support (if applicable)

Please submit this form and all of its attachments to the PHDD Registry Core:

[PHDD.Registry.Core@emory.edu](mailto:PHDD.Registry.Core@emory.edu)

Any questions, comments, concerns can be directed towards:

Christina Roberts

Manager of Research Projects

Email: [christina.elizabeth.roberts@emory.edu](mailto:christina.elizabeth.roberts@emory.edu)

Phone: 404-712-4563