



*MUST have reliance agreement in place when outside org. has access to own IRB & opting to use ours. OR, in instances of federal funding and single external PI. Need the PI with federal funding to sign agreement to extend FWA to cover investigator on project.



**THE INSTITUTE FOR FAMILY HEALTH
PRELIMINARY QUESTIONNAIRE FOR PROPOSED RESEARCH***

***THIS FORM IS ONLY FOR RESEARCH PROPOSALS USING AN EXTERNAL (NON-INSTITUTE) IRB OF RECORD**

Please complete this document to inform the Institute of your proposed research. Forms must be submitted at least 6-8 weeks prior to the deadline for the grant submission and/or Institute's participation start date.

Date: _____

Contact Name: _____ Title: _____

Contact Phone Number: _____

Contact E-Mail: _____

Title of Project: _____

Expected duration of project: from: _____ to: _____

Principal Investigator (if different from contact): _____

Institute Co-PI (if PI is not employed by the Institute): _____

Is the Institute PI/Co-PI a faculty member? Yes No

If yes, how many residents are or will be on this research project? _____

Type of Submission:

Grant Proposal

If your submission is for a grant proposal, what is the deadline to submit the full proposal? _____

Grant Funded Project (already receive funding for the proposed research)

Unfunded

Name of External Partner (please include their institutional affiliation):

Has the Institute previously collaborated with this external partner? Yes No

If “Yes,” briefly describe your/Institute’s collaborative history.

If “No,” briefly describe how this partnership was formed.

Proposed Practice Site(s): _____

Summary of Project:

Select your research category:

- Racial and ethnic health disparities
- Patient-centered care
- Health information technology
- Integration of mental health care and primary care
- Women’s health
- Other

INTRODUCTION

- Briefly summarize the literature review you conducted for the proposed study. In the summary, include any gaps in the literature and how your proposed study addresses them. Based on the literature, why is this study important?

- Please state your research questions or hypotheses:

- Describe how this project supports the Institute's mission:

METHODS

- Provide a brief description of the study design.

- Provide a brief timeline of research activities and person/position responsible

- Present a detailed workflow of the intervention(s). Also, include any changes to the current clinical workflow that will be required in order to implement this intervention(s).

- Participant Recruitment (if applicable): what is the eligibility criteria, how will you develop a recruitment list, who will recruit, and when and how will recruitment take place.

- Consent: what type of consent is necessary, what does the consent process involve, who will review the consent, when and how consent will be obtained from participants.

- Data collection/analysis: what is the sample size and how was it determined, how will data be collected, what data instruments will be used, what is the analysis plan, who will conduct the data analysis

- Provide a brief summary of your dissemination plan

RESOURCE UTILIZATION & REMUNERATION

Briefly describe the Institute's role in this project. (*Note: This could include recruiting participants – providers or patients, training staff, completing surveys, implementing new workflows, etc.*)

Describe any anticipated requests for new Epic features/build or patient/staff data reports. Note: If you are requesting any Epic-related support, you will need to include the elements listed below. *You **must** also contact Amandari Kanagaratnam at akanagaratnam@institute.org to discuss your Epic-related needs prior to your submission of this questionnaire.*

- Timeframe for when you need the Epic request completed
- If applicable, what new Epic features (BPAs, smartsets, etc.) do you need?
- If applicable, list specific data elements (i.e. all patients with asthma ages 18 and older)
- Use of Epic Research Functionalities (i.e. assigning patients to your study, etc.)

Briefly describe how the Institute benefits from this partnership/project. (*Note: This could include building research capacity (publications, fulfills Institute's research agenda, staff training, etc.)*).

If applicable, funding information:

Funder Name:

Total Amount Requested:

Total Institute Award/Sub-award:

Full Grant Period (Dates):

Link to RFP (if applicable):

Please list all Institute senior/site staff or management from whom you have received the approval.

Principal Investigator Signature: _____

If you are a resident/student, please include the following:

Supervisor Name (if applicable): _____

Supervisor Signature: _____