

## REQUEST FOR RESOURCES TO SUPPORT ORTHOPAEDIC CLINICAL/PRECLINICAL RESEARCH

Project title:		
Principal Investigator:		Mentor (if applicable):
Co-investigator(s):		Resubmission (Y/N):
Today's date:		Resident project (Y/N):

### OVERVIEW

1. **Background and rationale.** Provide 2-3 sentences or bullet points explaining the scientific rationale for the study.
2. **Research Question or Project Aim.** Describe your research question or project aim in 1-2 sentences.

### METHODS

3. **Study design.** Describe the study design (e.g., retrospective, prospective data, clinical trial, preclinical research, etc.).
4. **Data Source.** Provide information on data sources, including details of accession and assessment. Will there be data exchange with other sites?
5. **Multicenter Study.** Will we be the **lead site** in a multicenter study? How many sites are there?
6. **Patients/samples.** Describe your patient population, including the eligibility criteria and methods of participant selection. Describe methods of follow up.
7. **Intervention.** Describe the treatment that will be provided to patients in your study. Clearly describe your control group(s).
8. **Outcomes.** Describe what outcomes you plan to measure, how these will be measured, and your sample size you expect to enroll. (Optional: Include a power analysis if one has been done.)
9. **Timing.** Provide an estimated timeline for key project steps. When will the project start? How long will enrollment last for? When will the primary outcome be measured (e.g., 1-month post-op)?
10. **Main analysis.** Describe the statistical analyses you intend to use. Will you need statistical support?
11. **Setting/site.** Where will your data collection take place? Where will your patient population be seen?

### OTHER INFORMATION

12. **What is the role of residents and fellows in this project?** Provide a short description of how residents and fellows will contribute to this project.
13. **Will this study need clinical research coordinator support?** (Y/N) If yes, please describe (e.g., patient consent, data entry, IRB submissions)
14. **Funding.** List potential external sources of funding that you will approach to continue this project. Have you requested funding for CRC support in your grant application?

### REQUEST

15. **What resources are you soliciting from the Orthopaedic Surgery department (IRB support, statistical analysis, grant preparation, recruitment, literature review, writing, etc.)?**

### RC Recommendation

Support Available (Y/N)	
Comments or further request for information:	