For Use of FOTO Data



Project title (Not to exceed 60 characters including spaces and punctuation):		
Principle Investigator Name (Last, first, middle initial)	Student: New investigator: Yes No Yes No	
Degree(s):Organization (clinic, university, etc)	Mailing address:	
Department:		
E-mail:		
Telephone (area code, number, extension)	☐ Have funding source ☐ This is a self-initiative project	
Fax (area code, number, extension)	Total funding obtained to support this project (<i>direct costs only</i> ; <i>US dollar</i>)	
Proposed project dates (month/day/year):	Human subjects: Research exempt:	
Start	☐Yes ☐No ☐Yes ☐No	
End		
IRB / Ethical Committee approval: Pending Approved	Have you ever had funding rescinded for any reason? Yes No If yes, attach sheet explaining circumstances including	
IRB approved sample size:	year.	

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Co-investigator Personnel data sheet

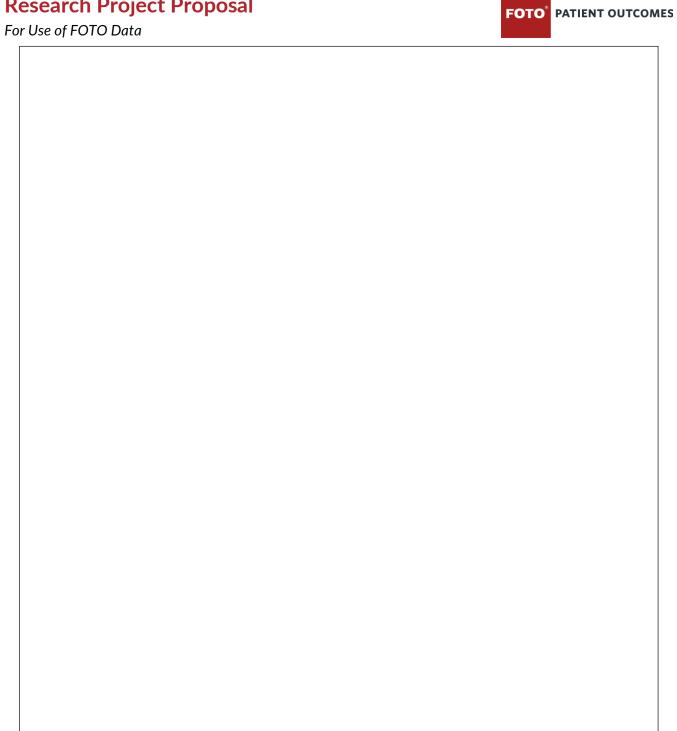
List all key personnel other than PI who will be involved with the implementation of the proposed research project and who may have access to the FOTO dataset.

Name (last, first, middle initial):	Degree(s):	
Affiliated organization:	Department:	
E-mail:	Role within project:	
	□ Co-investigator □ Consultant	
Name (last, first, middle initial):	Degree(s):	
Affiliated organization:	Department:	
E-mail:	Role within project:	
	□ Co-investigator □ Consultant	
Name (last, first, middle initial):	Degree(s):	
Affiliated organization:	Department:	
E-mail:	Role within project:	
	□ Co-investigator □ Consultant	
Name (last, first, middle initial):	Degree(s):	
Affiliated organization:	Department:	
E-mail:	Role within project:	
	□ Co-investigator □ Consultant	

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Please provide a detailed description and justification for the data items being requested in the Data Request Form by including: (a) Background, (b) Objective, (c) Research question(s), (d) Research hypotheses, (e) Methods, including research design, protocol, and analytical plan e.g. sample size justification and (f) your planned method for storage, protection and security of the FOTO dataset, including specifically which individuals will have access to the data. Not to exceed 2 pages, single spaced.



Research Project Proposal FOTO PATIENT OUTCOMES For Use of FOTO Data

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contained in this application is true and accurate. I am aware that any false, fictitious or fraudulent statements may incur criminal or administrative penalties.			
Signature:	Date:		
Agreed to and accepted by FOTO Patient Outco	omes, a Net Health Systems, Inc. company.		
(signature)			
(print)			
(title)			

_(date)

Principal investigator assurance: By completing this form, I attest that the information