

Research Project Proposal

For Use of FOTO Data



Project title (Not to exceed 60 characters including spaces and punctuation):

Principle Investigator

Name (Last, first, middle initial)

Student:

Yes No

New investigator:

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 (direct costs only; US dollar) _____

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Have you ever had funding rescinded for any reason?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 year.

IRB approved sample size: _____

Research Project Proposal

For Use of FOTO Data



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 (<i>last, first, middle initial</i>):	Degree(s):
Affiliated organization:	Department:
E-mail:	Role within project: <input type="checkbox"/> Co-investigator <input type="checkbox"/> Consultant

Name (<i>last, first, middle initial</i>):	Degree(s):
Affiliated organization:	Department:
E-mail:	Role within project: <input type="checkbox"/> Co-investigator <input type="checkbox"/> Consultant

Name (<i>last, first, middle initial</i>):	Degree(s):
Affiliated organization:	Department:
E-mail:	Role within project: <input type="checkbox"/> Co-investigator <input type="checkbox"/> Consultant

Name (<i>last, first, middle initial</i>):	Degree(s):
Affiliated organization:	Department:
E-mail:	Role within project: <input type="checkbox"/> Co-investigator <input type="checkbox"/> Consultant

Research Project Proposal

For Use of FOTO Data



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

For Use of FOTO Data



A large, empty rectangular box with a thin black border, intended for the content of the research project proposal.

Research Project Proposal

For Use of FOTO Data



A large, empty rectangular box with a thin black border, intended for the content of the research project proposal.

Research Project Proposal

For Use of FOTO Data



Principal investigator assurance: By completing this form, I attest that the information 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 Outcomes, a Net Health Systems, Inc. company.

_____ (signature)

_____ (print)

_____ (title)

_____ (date)