**Innercare Research Interest Form**

*Please use the Innercare Research Collaboration Guidelines as a basis for responding to these questions.*

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| **Request Submission Date** *MM/DD/YYYY* |  |

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| ***PRIMARY CONTACT PERSON*** | |
| **Full Name** |  |
| **Title** |  |
| **Organization** |  |
| **Email** |  |
| **Phone Number**  *(XXX) XXX-XXXX ext. XXXX* |  |

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| ***SECONDARY CONTACT PERSON*** *(if applicable)* | |
| **Full Name** |  |
| **Title** |  |
| **Organization** |  |
| **Email** |  |
| **Phone Number**  *(XXX) XXX-XXXX ext. XXXX* |  |

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| ***PROPOSED RESEARCH PROJECT*** | | |
| **Project Title** |  | |
| **Project Abstract**  *Limit to 500 words* |  | |
| **Project Timeline**  *(MM/YYYY - MM/YYYY)* | **Funding dates**: | |
| **Proposed Investigators**  *Limit to 50 words* |  | |
| **Possible Innercare Collaborators**  *Limit to 100 words* |  | |
| **Funding Information** *(if known)* | **Funding Status**: ☐ Funded ☐ Seeking funding | |
| **Funding Agency**: | |
| **Funding Mechanism** (include link): | |
| **Total Direct Costs**:  **Funding agency F&A rate:** | |
| **Due Date**: | |
| **Letter of Intent Needed?** Yes / No | **Date LOI Needed**: |

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| 1. Does the project involve **human subjects** for research? ☐ Yes ☐ No |
| 1. What **subjects** from Innercare will be included in the project, how many subjects do you intend to include, and what will their participation involve (*if applicable*)? *Response limited to 150 words.* |
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| 1. Howdo you intend to **recruit subjects** from Innercare? *Response limited to 300 words.* |
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| 1. In what ways will **Electronic Health Records** (EHR) be used in the project? *Response limited to 300 words.* |
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| 1. What are the **expected outcomes** of the project as it relates to Innercare? In what ways may the project benefit Innercare, patient care and/or services? *Response limited to 150 words.* |
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| 1. What are the potential benefits or Innercare, patient care and/or services? |
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| 1. Will Innercare be listed as co-authors of this research project? |
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| 1. Will Innercare staff be able to present research outcomes at Public Health, CPCA or NACHC conferences? |
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| 1. Is a Business Associate Agreement (BAA) required? |
| 1. What **clinic sites** do you hope to involve in your project? To what extent is **Innercare space** needed to carry out the project? *Response limited to 150 words.* |
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| 1. What **Innercare staff** may be needed to assist with project activities? *Response limited to 150 words.* |
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| 1. In addition to the required subcontract documents (see guidelines), what would you **need from Innercare** to *submit the* *grant application*? |
| ☐Support with writing portions of the grant application  ☐Feedback and guidance on the development of project activities  ☐Electronic health record (EHR) data to characterize the patient population  ☐Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Projected days Research Staff will be onsite (requested to coordinate with IT Department or EMR access): *Response limited to 150 words.* |
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| 1. Do you have any **questions** that you would like to discuss with Innercare staff? *Response limited to 150 words.* |
|  |

**Please submit your completed Innercare Research Interest Form to** *the following Innercare staff, in the same email communication.*

Caroline Trujillo

Clinical Research Coordinator

Innercare

[CarolineT@innercare.org](mailto:CarolineT@innercare.org)

INNERCARE INTERNAL STAFF USE ONLY

Date Received:

Date Reviewed by MRC:

Recommendations:

Clinical Champion Identified:

Clinic Locations Identified:

Approved by CEO: