

Kelsey Research Foundation Research and Education Committee Research Proposal Application

Date:

Study Title:

Principal Investigator:

Co-Investigator(s):

KSC/KRF Sponsor:

Extramural Sponsor (i.e. drug company, NIH, SWOG, etc.):

Additional Funding Sources:

Study Contact Person:

Address:

Phone:

Please indicate if this project will require any of the following from the Kelsey Research Foundation or the Kelsey Seybold Clinic:

	Foundation		Clinic	
1. Use of existing personnel	yes	no	yes	no
2. Hiring new personnel	yes	no	yes	no
3. Purchasing new equipment	yes	no	yes	no
4. Special training for staff members	yes	no	yes	no
5. Maintenance/warranties for equipment	yes	no	yes	no
If you answered "Yes" to number 5, will the expense be covered by the sponsor/funding source?	yes	no	yes	no

Explain the nature and amount of any expenses NOT covered by an outside source:

Will Medicare patients participate in the study? yes no

Does the protocol require use of a non-FDA approved drug or device? yes no

