

# SOUTHERN CALIFORNIA TRAUMA CONSORTIUM

## RESEARCH PROPOSAL APPLICATION FORM

Please complete as many of the following sections as possible and send complete form to Eric J. Ley ([eric.ley@cshs.org](mailto:eric.ley@cshs.org)) and/or Areti Tillou ([ATillou@mednet.ucla.edu](mailto:ATillou@mednet.ucla.edu)).

|                                  |
|----------------------------------|
| <b>Date:</b> Date                |
| <b>Name:</b> First and Last Name |
| <b>Title:</b> Title              |
| <b>Institution:</b> Institution  |
| <b>Email:</b> Email              |

|  |
|--|
| <b>Title of proposal:</b><br>Title of proposal   |
| <b>Type of Study:</b> Type of Study  |
| <b>Background/Knowledge Gap:</b><br>Describe briefly the knowledge gap and/or rationale for this study |
| <b>Aim(s):</b><br>Study aim(s)   |
| <b>Hypothesis:</b><br>Study hypothesis   |
| <b>Inclusion Criteria:</b><br>Inclusion criteria   |
| <b>Exclusion Criteria:</b><br>Exclusion Criteria   |
| <b>Study Period:</b>   |

Proposed study period

**Primary and Secondary Outcomes:**

Primary outcome(s)

Secondary outcome(s)

**IRB:** Choose an item.

**Informed Consent:** Choose an item.

**Define How Findings from this Multi-Center Study Will Serve as the Foundation for Future Studies or Future Funded Research:**

Click or tap here to enter text.

**Power analysis (if performed):**

Power analysis details

**Plan for statistical analysis:**

Statistical analysis

**Goal for # of participating centers:** Number of centers

**Goal for # of patients recruited/enrolled:** Number of patients

**Anticipate consortium will assist with (select all that apply and elaborate if needed):**

- Development, guidance and support of concept
- Statistical analysis
- Recruitment of participating centers
- Other

Additional free text

**Have you secured funding for this study? (make your selection and elaborate if needed):**

Funding

Additional free text

**Key references:**

Key references