

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) and/or Areti Tillou (ATillou@mednet.ucla.edu).

Date: Date
Name: First and Last Name
Title: Title
Institution: Institution
Email: Email

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

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