**Research Core**

**Support Request Form**

|  |
| --- |
| **P.I. or Project Leader:** *[Click here to enter text.]* |
| **Co-Investigators:** *[Click here to enter text.]* |
| **Project Title:** *[Click here to enter text.]* |
| **Date of request:** [*Click here to enter a date.*] |
| **Related research sites:**  Haiti  Lesotho  Malawi  Mexico  Peru  Rwanda  Russia  Madagascar  Sierra Leone  Liberia  Other (please specify):*[Click here to enter text.]* |
| **Specific aims or research question to be examined:** *[Click here to enter text.]* |
| **Is this project currently funded?**  No Yes  **If yes, please list funding sources:**  1.*[Click here to enter text.]*  2. *[Click here to enter text.]*  3. *[Click here to enter text.]*  4. *[Click here to enter text.]*    **If yes, is funding available to pay for Research Core time?**  No Yes, please detail  *[Click here to enter text.]* |
| **Type of support required?**  Data analysis  Computer programming  Statistical advice  Epidemiologic advice  Methods advice  Power/sample size calculations  M&E report  Other (specify): *[Click here to enter text.]* |
| **Please describe in detail the activities for which you would like the support of a Research Core Member:** *[Click here to enter text.]* |
| **If there is Research Core Member with whom you would prefer to work, please write the name of that person here:** |
| **What is the project deliverable(s)?**  Research Publication. If so, do you expect the Research Core Member to be included as a co-author on this publication?*[Click here to enter text.]*  Pilot Study Data Other (specify): *[Click here to enter text.]* |
| **Please estimate the project’s milestones and timeline:**   |  |  | | --- | --- | | **Deliverable:** | **Expected Date:** | | Milestone 1. *[Click here to enter text.]* | *[Click here to enter a date.]* | | Milestone 2. *[Click here to enter text.]* | *[Click here to enter a date.]* | | Milestone 3. *[Click here to enter text.]* | *[Click here to enter a date.]* | | Milestone 4. *[Click here to enter text.]* | *[Click here to enter a date.]* | | Milestone 5. *[Click here to enter text.]* | *[Click here to enter a date.]* | |
| **Would you be willing to present your project at a brown bag or seminar?**  Yes |
| **Does your project have IRB approval?** Yes  No  **If yes, please indicate the following:**  Institution: *[Click here to enter text.]*  Protocol number: *[Click here to enter text.]*  Expiration date: *[Click here to enter a date.]*  **If no, when did you submit your IRB application?** Submission date: *[Click here to enter a date.]*  **If your project has international IRB approval, please indicate the following:**  Institution: *[Click here to enter text.]*  Protocol number: *[Click here to enter text.]*  Expiration date: *[Click here to enter a date.]*  Institution: *[Click here to enter text.]*  Protocol number: *[Click here to enter text.]*  Expiration date: *[Click here to enter a date.]* |
| **Please note anything else you wish the Research Core to take into consideration when evaluating this request.**  *[Click here to enter text.]* |
| *\*The PI or project leader must return the completed form to John Kearney (*[*john\_kearney@hms.harvard.edu*](mailto:john_kearney@hms.harvard.edu)*)* |