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| The purpose of this worksheet is to provide information for the Study Section preliminary. This worksheet is to be used.  |
|  |
| 1. Protocol Name:
 |   |
| 1. Principal Investigator:
 |   |
| 1. CICERO Number (if available):
 |   |
| 1. Funding Source:
 |   |
| 1. Number of Planned Enrollment
 |   |
| Planned Enrollment at UMMS | [ ]  Yes [ ]  No |
| If Yes, Number of Planned UMMS Enrollment |  |
|  |
|  |
| 1. Study Summary
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|  |   |
|  |  |
| 1. Criteria:
 |
| **Please provide if there are inclusion/exclusion criteria below with a description:**  |
|  | [ ]  | Inclusion Criteria: | [ ]  | Exclusion Criteria:  |
|   |   |
|  |  |
| **8 Collaboration:**  |
|  | Have you identified any collaboration opportunities for this study? | [ ]  Yes [ ]  No | If yes, list the opportunities:  |   |
| Have you initiated collaboration with any other studies?  | [ ]  Yes [ ]  No | If yes, list the studies:  |   |
|  | If opportunities are identified, are you willing to collaborate?  | [ ]  Yes [ ]  No | If yes, list the areas/ways you would be willing to collaborate:  |   |
|  | Additional Collaboration Information (optional):  |

**Please provide a list of all attachments being submitted with this Worksheet:**

Attachments: