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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 | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 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: