

Initial Study Description Form

Date:

Project Title:

Brief Description:

What facilities, equipment and/or services can we provide?

Project Personnel

Primary Investigator:

University Status:

College:

Department:

Office Phone:

e-Mail:

Research Coordinator:	
University Status:	
Office Phone:	
e-Mail:	
Additional Staff or Students:	
University Status:	
Office Phone:	
e-Mail:	
Additional Staff or Students:	
University Status:	
Office Phone:	
e-Mail:	
Additional Information	
IRB Status:	
Funding Source:	
Funding Status:	
After Hours Access ?	
Study Timeline:	