

Medical Education Research Committee

Data Registry Request Form

Complete all sections of this form to request data from the CWRU SOM Medical Education Data Registry.
Submit completed form to som_merc@case.edu

1. Project Title:
2. Principle Investigator's Name (First and Last):
3. Principle Investigator's Primary Institution:
4. Principle Investigator's Email Address:
5. Summary of research project (purpose, goal, objectives):

6. Summary of research methods and procedures:

7. Desired sample size and description of sample/participants:

8. Analytic plan:

9. Timeline:

10. Description of data needed from the data registry.

11. Are there other parts of your study outside of data from this registry?

Yes

No

Unsure

If yes above (#11), you must obtain IRB approval. Attach a copy of your IRB approval letter to this document or provide additional rationale here.