



Division of Neonatology - Study Proposal Form
Submit completed form to NICUStudies@health.ucsd.edu

I. Date Submitted:

Title:

II. Principal Investigator:

Co-PI/Dept (if applicable):

Contact Email:

Contact Phone:

III. Study Location (check all that apply)

UCSD Jacobs Medical Center*

UCSD Hillcrest Medical Center

RCHSD/Satellites

Rady Children's Hospital – San Diego

Which sites?

*Must present project at JMC Research Meeting and obtain approval from Unit Director

IV. Brief overview of project (i.e. purpose/objective)

V. Patient population (i.e. diagnosis, GA, weight, number of patients)

VI. Will this project have extramural funding? NO YES *source/amount:*

VII. Stakeholder Involvement

If unsure/pending, explain:

*Note: Must solidify resources needed and involvement by FASTR

Resources Needed		Specify involvement needed	
	Nursing		
	RT		
	Newborn		
	Investigational Pharmacy		
	Other (Dietary, IT, OT, HRIF, etc.)		
	Fellows (as a group)	Screening/Consenting Regulatory Documentation Other:	Data Collection Data Entry
	Division Research Team	Screening/Consenting Regulatory Documentation Sponsor/Multicenter Correspondence Unit Education Other:	Data Collection Data Entry Database Creation/Management Sample Collection/Processing

FOR RESEARCH COMMITTEE MEMBERS ONLY

**Division of Neonatology
Study Proposal Evaluation Form**

Submit completed form to NICUStudies@health.ucsd.edu

Date Reviewed: _____

Title: _____

Principal Investigator: _____

Recommendations

1. _____

2. _____

3. _____

4. _____

5. _____

Additional Comments: