

## Study Proposal Form: Student Education and Research Fellowship (SERF)

Please complete this Study Proposal Form and return to [SERF@iu.edu](mailto:SERF@iu.edu) by **DECEMBER 30, 2022**.

You will be notified by **JANUARY 31, 2023** if your study will be included in the 2023 SERF program.

Note: The SERF Program is a nine-week program. The study design should allow for data retrieval within 5 to 6 weeks to allow sufficient time for student to conduct data analysis, manuscript and poster.

### Preceptor/Principal Investigator Information:

Name/Credentials: \_\_\_\_\_

Organization/Office: \_\_\_\_\_

Primary Contact information (Email/phone #): \_\_\_\_\_

### Proposed Research/Study Information:

NEW or  PREVIOUS SERF project

Has IRB approval OR Exempt Determination received? (IRB Approval required by May 1)  YES or  NO

List IRB utilized:  Parkview Health  Lutheran Health  Other: List \_\_\_\_\_

### Study Title:

Provide a brief title for the proposed study. \_\_\_\_\_

### Hypothesis and Objectives:

Provide a one sentence hypothesis or study question; list other desired objectives of the proposed research. \_\_\_\_\_

### Background/Rationale/Impact of the Study:

Provide brief statement of relevance and importance of this research. \_\_\_\_\_

### Study design:

Describe the design of the study: retrospective chart review, database or registry review, quality improvement project.

Please include any additional design elements: study population, proposed study period, number of participants/charts anticipated, statistical analysis/test if known, etc. \_\_\_\_\_

### Inclusion/Exclusion Criteria:

Describe the subjects to be included and excluded in the study population. (List specific diagnoses/medications to be evaluated; disease states/conditions/patients to be excluded.) \_\_\_\_\_

### Data Collection Points:

List data points that will be utilized for the study. Please consider utilizing data points that are readily retrievable by a data report/pull (majority of data points) and keep the list of data points that may require manual EMR chart review to a minimum if possible. \_\_\_\_\_

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Provide Statistical Analysis/Test to be used if known: \_\_\_\_\_

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**Subject list: Who will provide the list of study subjects (if known)?**

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

OR check if you need assistance?

**Data Collection**

**Data Collection Points:**

Please provide a list of all data points that will be utilized for the study. Please consider data points that are reliably retrievable by a data report/pull and keep the list of data points that may require EMR chart review to a minimum if possible.

**Data Points:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Data Report/Pull Provided by:**

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE: THIS FORM IS A STUDY PROPOSAL FORM ONLY. IT IS NOT A PROTOCOL SUBMISSION.** If the proposal is accepted by the IUSM-FW SERF Admin, **it is the responsibility of the preceptor/investigator to pursue IRB submission and approval or exemption** at their respective institution PRIOR to the start of the SERF program.