

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

Please complete this Study Proposal Form and return to SERF@iu.edu.

You will be notified if your study will be included in the 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

IRB approval OR Exempt Determination received?

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: basic science, chart review, survey, other; include any additional design elements: study population, time period, number of participants/charts anticipated, 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. _____

Provide Statistical Analysis/Test to be used if known: _____

Subject list: Who will provide the list of study subjects?

Name: _____

Contact Information: _____

OR check if you need assistance?

Data Report/Pull Provided by:

Name: _____

Contact Information: _____