



Uniform Data System

The Functional Assessment Specialists

for Medical Rehabilitation

Research Project Tracking Form

Please complete this form and fax it to UDSMR at (716) 568-0037 (ATTN: Legal Department).

For additional information, call (716) 817-7800 or send mail to UDSMR, 270 Northpointe Parkway, Suite 300, Amherst, NY 14228.

Project Title: _____

Principal Investigator Information

Name: _____

Corporate/Institutional affiliation: _____

Mailing address: _____

Telephone: (____) _____ **Fax:** (____) _____

E-mail address: _____

Is the Principal Investigator a current subscriber of UDSMR?

Yes (Facility Code: _____) No

Names of other professional collaborators: _____

Project Information

Brief description (please attach abstract): _____

Principal source of financial support: _____

Anticipated duration:

Start date: _____

End date: _____

Intended instrument or system:

FIM™ instrument WeeFIM® instrument LIFEwareSM System

What type of request is this? Research Clinical trial

Will paper be published? Yes No

Anticipated date: _____ Anticipated publication: _____

Journal article Book chapter Conference presentation
 Other (please specify: _____)

How many researchers/clinicians will be administering the instrument in your study? _____

Rating expertise is mandated in connection with research studies in order to ensure the validity and reliability of collected data. Training is available upon request.