



## Research Project Tracking Form

Please complete this form, save it, and e-mail it to [legalinfo@udsmr.org](mailto:legalinfo@udsmr.org), or fax it to UDSMR at 716-568-0037 (attn. Legal Department). For additional information, e-mail [legalinfo@udsmr.org](mailto:legalinfo@udsmr.org). Please allow 2–3 weeks for processing.

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.

Project title: \_\_\_\_\_

### **Principal Investigator Information**

Please complete all of the following information for the principal investigator.

Name: \_\_\_\_\_

Corporate/institutional affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the principal investigator a current subscriber with UDSMR?  Yes  No

Facility code: \_\_\_\_\_

Names of other professional collaborators: \_\_\_\_\_

How many researchers/clinicians will be administering the instrument in this study? \_\_\_\_\_

### **Project Information**

Complete all of the information below. Submit the completed form along with a separate document containing your study summary/abstract.

Principal source of financial support: \_\_\_\_\_

Anticipated start date: \_\_\_\_\_ Anticipated end date: \_\_\_\_\_

Intended instrument or system:  FIM® instrument  WeeFIM® instrument  LIFEware<sup>SM</sup> System

What type of request is this?  Research  Clinical trial

Will this research be published?  Yes  No

Anticipated publication date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_