

**MSU-Primary Care Research Collaborative Proposal Intake Form**

To ensure a comprehensive review process, please provide as much detail as possible on this intake form.

**Title of Research Proposal**

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**Principal Investigator:** Name, contact information, credentials, position title, and institutional affiliation.

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**Co-Investigators and Study Team Members:** Names, contact information, position titles, and institutional affiliations.

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**Support Services Requested:** What specific support services are you requesting from the Collaborative? (e.g. research study initiation, proposal development, statistical analysis, research mentorship, IRB assistance, manuscript submission, writing support).

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**Research Study Objectives:** What are the primary objectives of the study?

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**Proposed Methodology:** Describe characteristics of study design, study population, target population (i.e. the group to which results will be generalized). Outline your recruitment strategy for participants if applicable. Identify key variables like exposure and outcome, data collection methods, and how these variables will be operationalized.

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

**Institutional Review Board (IRB):** Describe your plan for obtaining IRB approval, including applicable procedures for ensuring privacy and confidentiality.

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**Collaboration:** Describe any plans for project multi-site collaborations.

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**Funding Source:** Indicate the source of funding, if applicable.

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**Collaborative Funding Request:** Do you intend to request funding from the Collaborative? If yes, provide amount and detailed justification for the request.

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**Anticipated Study Duration:** What is the expected duration of the study?

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**Project Start Date:** What is the desired start date for the project?

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**Additional Notes/Details for Reviewers:** Provide any additional relevant information for the review process.

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**Attachments:** Please send any additional attachments to [msu.pcrc@msu.edu](mailto:msu.pcrc@msu.edu) along with this form.

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