

## Departmental Review Intake Form

### PROJECT INFORMATION

Date

Protocol Name

Principal Investigator

Preferred Contact Email

Project Setting (e.g., DH inpatient, outpatient, PICU, Upper Valley Community, NA)

### FUNDING

Is your project funded?            Yes                            No

If yes, who is the funder?

### TEAM MEMBERS

Please list all individuals who will be involved in any aspect of the project, including but not limited to recruitment of participants, data analysis, abstract or manuscript preparation, including students and trainees.

Name	Department	Role on Project

Do you anticipate any opportunities for students or trainees to participate in this project?

Yes                            No