INFORMATION FIELDS REQUIRED TO START A STUDY POSTING

*Note: Specific IRB/WIRB approval is NOT required to post your study on this website*.

1. IRB Approved Title: Click here to enter text.
2. Simplified Title (Simple title that is easily understood by the general public): Click here to enter text.

**Study Titles in Plain Language**

***Below you’ll find examples of simplified study titles before and after an edit. Edits to study titles for simplicity do not require re-approval.***

**Before:**
A Randomized, Double Masked, Active Controlled Phase III Study of the Efficacy, Safety, and Tolerability of Repeated Doses of Intravitreal VEGF Trap in Subjects with Neovascular Age-Related Macular Degeneration

**After *(Version 1 – Better)***:
Age Related Macular Degeneration Study testing an Investigational Drug vs. the Current Standard of Care (Lucentis)

**After *(Version 2 – Even Better. Keep it short and simple.)***:
Age Related Macular Degeneration Study testing an Investigational Drug

**\*CAVEAT:** The format of some study titles may be dictated by the funder. Follow those guidelines, as appropriate.

1. Research Question your study is trying to answer (This should be simple and only one or two sentences): Click here to enter text.
2. Study Description (This can be an abridged version of what is in your IRB approved protocol): Click here to enter text.
3. IRB Study Approval Number: Click here to enter text.
4. Confirmation Message which will be sent to people who complete your pre-screen questions and may be eligible for the study according to their responses.

FIELDS REQUIRED FOR FINAL APPROVAL

1. \*IRB Approval Date: Click here to enter text.
2. \*IRB Expiration Date: Click here to enter text.
3. 🟑Study’s Start Date: Click here to enter text.
4. 🟑Study’s End Date: Click here to enter text.

**OPTIONAL INFORMATION FIELDS**

1. Study Contact’s Name: Click here to enter text.
2. Study Location: Click here to enter text.
3. Study Phone #: Click here to enter text.
4. Study Web URL: Click here to enter text.
5. Study Details: Click here to enter text.

10) Number of Study Visits: Click here to enter text.

11) Parking: *Reimbursed, Free, Subject’s Expense* Click here to enter text.

12) Transport Supported: *Yes, No, Depending on Need* Click here to enter text.

13) Reimbursement: *Yes, No* Click here to enter text.

14) Additional external URL’s you would like to provide for volunteer’s information/education related to your study topic/condition:

 Click here to enter text.

15) Healthy Volunteer Pre-screen Questions:

 Click here to enter text.

16) Condition Pre-screen Questions:

 Click here to enter text.