



# Emergency Medicine Research Committee Proposal Cover Sheet



Principal Investigator(s):

Co-Investigator(s):

Project title:

Funding Source:

Will this project require Emergency Department Patient Participation?

*If yes and not explicit in the protocol, please attach an explanation of how Emergency Department patients will be identified and enrolled. Include whether any members of the ED staff will be involved in identification and enrollment.*

Has this project been submitted to or reviewed by the Research Subjects Review Board?

*If yes, indicate RSRB number and date submitted.*

Will this project utilize the Emergency Department Research Associate Program for patient enrollment?

*If yes, you must contact the Emergency Medicine Research Office to discuss cost and protocol development.*

Do you plan to enroll within the Emergency Department area?

Will this project utilize Emergency Medicine Nurses in any way?

*If yes, you must contact the Senior Nurse Manager to discuss your protocol.*

Additional Comments:

Please submit an electronic version of this form and final study proposal to [EMResearch@urmc.rochester.edu](mailto:EMResearch@urmc.rochester.edu). Questions may be directed to the EM Research Office at 585.275.1198. Proposals must be approved by the Emergency Medicine Research Committee prior to final RSRB approval. Approvals are valid for one year.