

Project Abstract Form

You can find the electronic copy at nursing.utk.edu

Email to: conresearch@utk.edu

Contact Information	
Principal Investigator/ Project Director	
E-mail	
PI/PD Advisor	
Advisor E-mail	
Additional investigators & study personnel	
Project Information	
Project Title	
Primary Location of Study/Project	
Timeframe of Study/Project	
	Project Synopsis
Purpose and Rationale	Purpose: Specific Aims: <i>Rationale:</i>
Study/Project Population	
Project Design	
Outcome Measures	
1. Will your project require you to follow up with participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, where will this follow up occur? (e.g., hospital, outpatient clinic, over the phone, etc.)	

- If the performance site agrees to be the IRB of record, you are required to obtain a letter of support that states such on their letterhead.