**Primary Investigator (PI)** 

For all new requests for support with investigator-initiated research (non-pharmaceutical industry-sponsored), please complete this form and email it to the address on page 2. These emails are checked every business day, and we will contact you after the consultation form has been reviewed (5 – 7 business days). \*Please note this only applies to new requests and not for projects that are currently being supported by Research Services.

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Facility		Department/Unit	
Email		Phone	
Research	Team Member(s)		
Name		Role	

## IS THE PI OR CO-INVESTIGATOR A STUDENT OR RESIDENT? If Yes, Please Fill In the Information Below:

Type of Program:		Name of Supervisor, Mentor or Preceptor:	
	Research in Medicine (RIM)	Name	
	Medical resident	Institution	
	Pharmacy student	Facility	
	Graduate student (Masters, PhD)	Dept./Unit	
	Other:	Phone	

Research Project Information					
Title (Working Title)					
Project Summary: A brief, plain language project summary, its objectives, and potential significance (250 words max)					

**Does your project have REB approval?** (Although we provide consultative support with REB, the researcher(s) is ultimately responsible for REB submission and approval of the research project.)

No Yes: Include copy of REB approval letter

## Which option best describes the primary purpose or the research? Please check ONE option.

Determine factors which may predict disease or outcomes Increase knowledge or understanding of a disease Evaluate care practice that is *not* currently standard of care Test a novel intervention or new treatment Other (briefly describe):

## Which option best describes the current state of your project?

Planning stage Data collection

Writing research proposal Data analysis and interpretation

Preparing for REB submission Knowledge translation (e.g., manuscript, poster)

## What are your consultation needs? Check all that apply

Methodology, study design Statistical design, analysis, interpretation (\*allow 6 – 8 weeks)

Sample size and power Knowledge translation (e.g., manuscript, poster)

Grant or proposal preparation Patient engagement

Data collection Other (briefly describe):

Data file organization

Is there funding for your project? If yes, provide name of funding agency and amount received

Deadlines	
Estimated start date:	Estimated end date:

Please attach:

No

One or two relevant journal articles (for new requests)

Your draft proposal and/or REB protocol

Yes:

Copy of the REB acceptance letter (if available)

**Submit Your Request to:** 

ResearchServices@HorizonNB.ca

**ALL STUDENTS/RESIDENTS - submit requests to ResearchLearners@HorizonNB.ca** 

*****FOR INTERNAL USE ONLY*****					
Date request received		Project number			