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**Carolinas Simulation Center**

**RESEARCH REQUEST**

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| --- | --- | --- | --- |
| **Name:** |  | **Date:** | Click to select date |
| **Role (PI, co-investigator):** |  |
| **Department:** |  |
| **Email:** |  | **Desired Start Date:** | Click to select date |
| **Phone:** |  |

1. **What role are you requesting of Carolinas Simulation Center? (select all that apply)**

PrincipalInvestigator

Co-investigator

Simulation Center Resource(s)/Space

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Background Information**
   1. **Research Question (i.e., What do you want to know/find out?):**
   2. **Research Design/Methodology (i.e., How are you going answer your research question?):**
2. **Describe any previous research you have conducted related to your proposed topic.**
3. **Describe whether you are seeking or have any funding for this project.**
4. **Are you up to date on the following CITI research training modules? (select all that apply)**

Biomedical Research (*or refresher*)

Social and Behavioral Research (*or refresher*)

Good Clinical Practice (GCP)

Data Management, Integrity, and Security

Conflicts of Interest

Investigators, Staff, and Students

**REFERENCES**

**Please provide a brief list of your references below.**