**Health Services Research Program Study Proposal/Support Request Form**

***(ALL SECTIONS MUST BE COMPLETED)***

**[Working] Study Title:**

Click here to enter text.

**PI Information:**

PI Name (First, Middle, Last, Degree(s)): Click here to enter text.

Email Address: Click here to enter text.

Institution Name: Click here to enter text.

**Hypothesis:**

Insert your text here

**Specific Aims:**

Insert your text here

**Scientific Justification:**

*Please include a short statement regarding the scientific impact on the field.*

Insert your text here

**Target Participant Population (e.g., survivors, caregivers, physicians, medical directors):**

Insert your text here

**Study Design:**

Insert your text here

**Data Source(s) (e.g., survey, CIBMTR outcomes registry, claims data, focus****group):**

*Note: if CIBMTR outcomes data only, submit proposal to appropriate Working Committee.*

Insert your text here

**HSR support you are requesting:**

*For example, protocol team is established and we request survey expertise, administration and analysis to be performed through HSR Program, OR partner with HSR to design and conduct a study of costs and utilization for a specific patient population, etc.*

Insert your text here

**Is funding available to support this study (grants, contracts, etc)?**

[ ]  Yes, please describe:

[ ]  No, would like to partner with NMDP to apply for grant, please provide any addition information about relevant grant opportunities:

[ ]  No funding available to my knowledge

**Proposed timeframe for study/request:**

*Identify grant timing, deliverable due dates, other factors that influence project timeline or TBD.*

Insert your text here

**Proposal submission:** E-mail your observational study proposal to HSRrequests@nmdp.org. Please include the draft protocol and appendices with your form, if available.