

Request to Conduct Research with McMaster Family Health Team

Requested clinics: Stonechurch FHC McMaster Family Practice Maternity Centre

Title of project:

Projected start date and end date:

Principal Investigator:

Phone:

Email:

Primary correspondence contact (if different than the PI):

Phone:

Email:

GFT Team Member (if different than above):

Phone:

Email:

Lay Abstract (please bold the research questions[s]):

Study Involves:

- | | |
|--|--|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Focus group/interview |
| <input type="checkbox"/> Medical/Social intervention | <input type="checkbox"/> Chart review |
| <input type="checkbox"/> Other | |

Participants requested:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> patients | <input type="checkbox"/> providers/staff | <input type="checkbox"/> residents/learners |
|-----------------------------------|--|---|

Projected number of participants:

If **staff**, time commitment for staff:

If **patients**, type of patient (age, diagnosis, pregnancy status, etc.):

If **patients**, how will you recruit them:

Activities requested of practice:

- providing anonymous medical record data/chart audit
- contacting patients for consent and participation
- allowing a project staff person to approach patients in the clinic or by mail/phone
- performing extra tests, procedures
- tracking results of tests, procedures
- interviewing/surveying staff
- space in clinic
- resources for identifying patients at clinic
- resources for recruitment
- means of communicating abnormal findings with MRP
- other:

Remuneration to practice:

- Yes Amount/type:
- No

Benefit to clinic or DFM faculty

- faculty member is PI or co-investigator on project
- other or multiple faculty members (allied health professionals) included on project
- new intervention made available to patients
- new tool made available to staff
- other:

HiREB

- Approval pending
- Approved. Project Number: