

**Department of Emergency Medicine**  
**Research Oversight Committee Application**



Please answer each question. Use as much space as necessary to answer each question. Provide your final study protocol and e-mail both as attachments to [emresearch@mcw.edu](mailto:emresearch@mcw.edu)

**Study Title:** \_\_\_\_\_

**PI Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Study Coordinator:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Proposed Study Start Date:** \_\_\_\_\_ **Study End Date:** \_\_\_\_\_

1. Do you have an Emergency Medicine faculty collaborator?

No  Yes

**If yes, who?**

2. Where will the study activities take place?

Emergency Department  Observation Unit  Both

3. Describe exactly how the Emergency Department (ED) or Observation Unit will be involved in this study?

4. Will activities be conducted in the ED or Observation Unit clinical areas?

No  Yes

**If yes, describe each activity:**

**If activities will be conducted in the ED,**

a. Will these activities potentially increase or affect the time the patient is in the ED or Observation Unit?

No  Yes

**If yes, explain:**

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b. Will these activities potentially be done before or instead of standard ED or Observation Unit treatments?

No     Yes

**If yes**, explain:

c. Will ED or Observation Unit staff be used to perform any of the study activities?

No     Yes

**If yes**, who (check all that apply)?

MD     PA     RN     Other:

d. Is education is required?

No     Yes

**If yes**, who will provide the education?

e. Will ED or Observation Unit supplies be used?

No     Yes

**If yes**, how will the study fund the supplies?

f. Will enrolled patients be billed for study related supplies and procedures?

No     Yes

**If no**, has this been coordinated with FMLH and MCW billing?

No     Yes