

Research Listing for UnityPoint Health - Meriter Web Site

This form is NOT REQUIRED if you are doing

- **Record Review Research**
- **Research on Anonymous Discarded Specimens**

UnityPoint Health – Meriter website is a *public* website for *public consumers of healthcare* and healthcare information. Research postings are read by the general public on this web site. Please respond to the questions that follow using lay language.

PROTOCOL TITLE

PRINCIPAL INVESTIGATOR

RESEARCH SPONSOR

PLEASE CHECK THE BEST CATEGORY FOR YOUR RESEARCH

- | | |
|--|---|
| <input type="checkbox"/> Biochemical Research | <input type="checkbox"/> Mobility Conditions and Disorders |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Newborn Health |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Gastrointestinal and Urinary Tract Conditions | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Heart & Vascular Conditions | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Kidney Conditions | <input type="checkbox"/> Women's Health, including Maternal and Prenatal Health |
| <input type="checkbox"/> Men's Health | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Mental Health | |

IF THIS STUDY IS ALREADY LISTED ON A WEB SITE, PLEASE PROVIDE THE URL BELOW.

RESEARCH PURPOSE

Using lay language that is no more than an 8th grade reading level, describe in one paragraph the research and condition being studied. Do not assume the reader is a subject or will become a subject in this study. **Do not use the word "you" to refer to the reader.**

STUDY PROCEDURES

Describe in lay terms the treatment protocol including procedures involved and the time commitment required (number of visits, total duration of study including follow-up visits, etc.). **Do not use the word "you" to refer to the reader.**

ELIGIBILITY CRITERIA

Provide a numbered list of subject criteria in lay terms.

COMPENSATION/REIMBURSEMENT

Provide the terms of reimbursement if reimbursement is offered with this study.

RESEARCH CONTACT PERSON

Contact Person Name

Phone

RESEARCH LOCATION

Address Line 1

Address Line 2

City

State

Zip