

PROJECT SUMMARY FORM

Please limit summary to 3 pages

- Project Title:
- 2. Summary:
- 3. Principal Investigator Information:
(Name, Institution, Address, Telephone/Fax Number, E-mail Address)
- 4. Other Investigators Involved:
(Name, Institution, Address, Telephone/Fax Number, E-mail Address)
- 5. CDC Arthritis Team Collaborator: (Name)
- 6. Data Requested: (Please specify the exact variables requested)
- 7. Purpose of Study: (Proposed Objective, Research Questions)
- 8. Intended/Potential Use of Study Findings:
- 9. Study Design:
- 10. Procedures and Methods to Safeguard Data:
- 11. Procedures for Destruction of Dataset at Study Completion:
- 12. Procedures and Methods for the Dissemination, Notification and Reporting of Results
- 13. Anticipated Date for Project Initiation:
- 14. Projected Date for Completion of Data Analysis: