Please provide the following information when submitting a request. Upon receipt of your draft Project Proposal, we may contact you to discuss the objectives and Analysis Plan.

For any section that does not apply to your request or study type enter not applicable or NA.

|  |  |
| --- | --- |
| **Section 1: Contact Information** | |
| **Date of Request** |  |
| **Requester Name** |  |
| **Requester role** | *E.g. Advanced trainee; consultant; MD student* |
| Email |  |
| Phone |  |
| Institution | \* The institution must be actively contributing data to the registry |
| Supervisor |  |
| **Additional Requesters** | *If your request is on behalf of another individual please add their name and affiliation here* |

| **Section 2: Study Overview** | |
| --- | --- |
| **Full Study Title** |  |
| **For display on PHSANZ website** | ***Brief title (eg subject area)*** |
| **Scientific Rationale** | *Provide a brief summary of the overall purpose of this proposed study and any background information that led to this proposal;*  *Maximum 300 words* |
| **Hypothesis** | *Provide a description of the hypothesis/ hypotheses that you will be testing in this study;* |
| **Study Population** | *Provide a general description of the subjects to be studied (e.g. number of subjects, subject demographics such as age, sex, and other key characteristics, and other key eligibility criteria (inclusion and exclusion criteria) and any subgroups of interest or for comparison).* |
| **Study Design & Methodology** | *Briefly describe the general study design, study groups/arms, data elements of interest, primary and secondary outcome variables, time points for data and general approach to analysis*  *Maximum 500 words* |
| **Study Endpoints** | *Describe the variables that will be used in the primary analysis and any important secondary analyses.* |
| **Summary of data requested for export** | *You may be contacted for further clarification when request is accepted* |
| **Target Audience** | *Abstract, manuscript, oral presentation, etc. Specify dates, venue, target journal etc where applicable. Estimated publication date.*  *Please note: Abstract submissions will require PHSANZ subcommittee approval* |

| **Section 3: References and Support Request Detail** | |
| --- | --- |
| **References** | *Include references to any existing published studies and any other background information relevant to this proposal* |
| **Funding** | *Any other funding for this project (e.g. in kind support, grants, etc.)?* |
| **Is this a non-commercial project?** | *Y/N* |
| **Planned start date** |  |
| **Planned completion date** |  |
| **Other Relevant Information** |  |

Questions and completed proposals can be directed to Dr. Melanie Lavender at [Melanie.Lavender@health.wa.gov.au](mailto:Melanie.Lavender@health.wa.gov.au)

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| --- | --- |
| Date proposal received |  |
| Date of committee review |  |
| Approved without changes | Y/N |
| Amendments required before approval | Y/N |
| Declined | Y/N |