



Non Drug Study Review Committee -Cover Sheet

Please complete this cover sheet as it contains information that is essential for the scientific review of your study and which is often omitted from applications. This cover sheet will aid in the assessment of your study. Please place this cover sheet on the front page of your study protocol

STUDY TITLE

.....

PRINCIPAL INVESTIGATOR

.....

STATE A CLEAR HYPOTHESIS / PRIMARY OBJECTIVE / RESEARCH QUESTION

.....

.....

OBJECTIVE AND AIMS

.....

.....

PRIMARY OUTCOME MEASURE

.....

.....

CONSENT - How will consent be obtained

- Written Verbal Other

If not written give reason.....

STATE WHAT IS ADDITIONAL TO STANDARD CARE :

.....

STUDY NUMBERS Total :..... **At Austin Health :**.....

STATISTICS

Methodology

.....

Sample Size

.....

Power calculations

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