



Great Plains IDeA-CTR Regional Registry Database Recruitment Request

Date of Request: _____ IRB number (if applicable): _____

Name of Study: _____

Principal Investigator: _____

Submitted by: _____

Purpose of Study: _____

Number Participants Needed: _____ Recruitment period: _____ to _____

Major inclusion/exclusion criteria

Inclusion:

Exclusion:

Number of patients that meet the above criteria: _____
(per feasibility search by registry administrator or other means)

Do you plan to use email, phone calls, or letters? (Include scripts with request)

Email Phone calls Letters

Describe your proposed recruitment approach: _____

Approver's

Signature: _____ Date: _____
Registry PI or Administrator

Please return document to Emily Frankel emily.frankel@unmc.edu 402.836.9283