

Study Prospectus

Use this form as a guide for proposing a Minn-LInK research project. Please fill in as much information as you are able. Once complete please send the form to Kristine Piescher at kpiesche@umn.edu. If you have questions about this form or the Minn-LInK project, please contact Kristine Piescher by email or phone (612-624-9783).

Proposed Research Project Overview

Project Title:	
Research Staff & Title(s):	
Advisory Staff & Title(s):	
Brief Study Rationale:	
Research Questions:	
Anticipated Start Date:	
Anticipated End Date:	

	Criteria	Yes/No	Comments
1	Funding Status		
	Is funding currently available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (e.g., source, amount, etc.)
	Is support needed from Minn-LInK staff to seek funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
2	Data Support by Minn-LInK Staff		
	Dataset creation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe anticipated analysis plan:
	Data cleaning and recoding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Data analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Technical assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (e.g., data or analysis consultation):

3	Data		
	Datasets requested: MARSS MCA SSIS Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe data needs (e.g., years needed, other data utilized, anticipated sample size, variables included, etc):
	Will outside data be brought into the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
	Matched comparison group required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe (e.g., methodology required, size, etc.):
4	Writing		
	Written materials will include: 1. Minn-LInK brief 2. Peer-reviewed publication 3. Presentations 4. Training materials 5. Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide description, if necessary:
	The person writing will be:	<input type="checkbox"/> ML Researchers <input type="checkbox"/> Research Team <input type="checkbox"/> Both	Please describe:
5	Other Project Resources Needed		
	Will other project resources be needed (e.g., local or national conference presentations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
6	Training completed		
	CITI HIPAA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Comments:

After you have entered the necessary information to complete this questionnaire, please send a copy to Kristine Piescher at kpiesche@umn.edu. Once received, Dr. Piescher will contact you to further discuss your proposed project.