



Research Project Tracking Form

Project Title: _____

Principal Investigator Information

Name: _____

Corporate/Institutional affiliation: _____

Mailing address: _____

Telephone: (_____) _____ **Fax:** (_____) _____ **E-mail Address:**

_____ **Is the Principal**

Investigator a current subscriber of UDSMR?

Yes (Facility Code: _____) No **Names of other professional collaborators:**

Project Information

Brief description (please attach abstract): _____

Principal source of financial support: _____

Anticipated duration:

Start date: _____ End date: _____

Intended instrument:

FIM® instrument WeeFIM® instrument LIFEware® instrument

What type of request is this? Research Clinical trial

Will paper be published? Yes No Anticipated date: _____ Anticipated publication:

_____ Journal article

Book chapter

Conference presentation

Other (please specify: _____)

How many researchers/clinicians will be administering the instrument in your study? _____

Rating expertise is mandated in connection with research studies in order to ensure the validity and reliability of collected data. Training is available upon request.