**Study Title:**

**Simple/shortened title, if desired:**

**Principal Investigator:**

**Institution:**

**Contact Information for Potential Participants** (will appear to users who match to the study)

**Study Coordinator:**

**Contact number**:

**Contact email**:

**Clinic Address:**

**Purpose** (describe the aim of the study in lay terms and why someone might want to participate)

**Eligibility** (list main eligibility criteria in understandable language)

To be eligible for this study, participants must:

**Treatment/Study Description** (describe what happens during the study, even if it’s not a “treatment” per se)

**Trial Outline** (this can be skipped and go under treatment, but you may add a timeline or listing of study visits if you wish)

**Trial or Site-Specific Notes** (any details about location, additional sites, parking, compensation, etc, whatever additional information is appropriate)

Please return this form to Dr. Leora Fox, Manager of Research and Mission Programs, LFox@hdsa.org. If your study will NOT appear on [www.clinicaltrials.gov](http://www.clinicaltrials.gov), please also provide evidence of IRB or other institutional approval to work with human subjects.