**RESEARCH INTEREST FORM**

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| **General Project Information** |
| Project Name |  |
| Primary Contact |  | Email |  |
| Department |  | Phone |  |
| Projected Start Date | Click to select date | Projected End Date  | Click or tap to enter a date |
| Is this a student research project? |  |

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| **Project Scope** |
| What is your research question? |  |
| Brief Description of Project |  |

**What resources are you requesting from Carolinas Simulation Center? Please note, additional forms may be required depending upon the request. Please select all that apply.**

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| **Roles Requested:** | **Physical Resources:** |
| [ ] Principal Investigator | [ ] Simulation Center Space |
| [ ] Co-investigator | [ ] Procedural Suite |
| [ ] Simulation Research/ Study Design Mentor | [ ] Adult Lab |
| [ ] Statistician | [ ] Pediatric Lab |
| [ ] Research Coordinator (IRB Forms Assistance) | [ ] Labor and Delivery Lab |
| ☐ Novel Simulator Developer  | [ ] Surgical Skills Center Cadaveric Lab |
| [ ] Coordination of Simulated Participants (SPs) | [ ] Operating Room  |
| [ ] Simulation Operations and Technology Support | [ ] In-Situ |
| [ ] Administrative Oversight | [ ] Simulation Equipment |
|  | [ ] Mannequin |
|  | [ ] Virtual Reality |
|  | [ ] Task Trainer |
|  | [ ] Cadaveric Tissue |
|  | [ ] Robotics |
|  | [ ] Innovative Model |

**Please note any research conducted in conjunction with Carolinas Simulation Center or the use of Carolinas Simulation Center space or resources requires a formal acknowledgement in any presentation or publication.**

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| **To be completed by Carolinas Simulation Center Personnel** |
| Request Status | Choose an item. | Review Date | Click to select date | Point of Contact within the Simulation Center |  |
| Comments |  |