**RESEARCH INTEREST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  | | |

|  |  |
| --- | --- |
| **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.**

|  |  |
| --- | --- |
| **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.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  | | | | |