

**SCIENTIFIC PROJECT
APPLICATION FOR DATA
FROM THE NORTH CAROLINA EMS Region I DATABASE**

Please attach a Routine Data Request form to this form when requesting study data

PROJECT TITLE:

PRIMARY INVESTIGATOR:

TITLE:

INSTITUTION:

ADDRESS:

TELEPHONE:

FAX #:

I AGREE NOT TO PUBLISH OR PUBLICLY PRESENT DATA PROVIDED FROM THE NORTH CAROLINA EMS Region I Database WITHOUT PRIOR APPROVAL BY THE PUBLICATIONS COMMITTEE, AND TO GUARD THE CONFIDENTIALITY OF ANY DATA PROVIDED TO US BY THE NORTH CAROLINA EMS Region I Database.

REQUIRED SIGNATURES:

PRIMARY INVESTIGATOR: _____ DATE: _____

1) PROJECT DESCRIPTION (one sentence):

2) HYPOTHESIS:

3) METHODS (steps involved in project):

4) LITERATURE REVIEW (synopsis of key articles, last 5 years):

5) REFERENCES (from literature):

6) SIGNIFICANCE (how this review may contribute to the literature):

7) CO-INVESTIGATORS (include titles/areas of expertise):

TIME FRAME OF DATA REQUESTED

FROM:
TO:

List Data Points Known to be Needed.