

IDI Use Only; Please Do Not Write Here:

Date Received _____ Date Approved by SRC _____ Date Returned by SRC for Revisions _____

Date Revisions Received _____ Date of Final Implementation Agreement with IDI _____

INFECTIOUS DISEASES INSTITUTE Student Project Proposal Form

Section A: Project Cover Sheet

Research Project Title: _____

IDI Research Number: _____

Student: _____

Supervisor/s: _____

Collaborators: _____

Project Abstract (200 words or less):

Approvals

<i>Requirement</i>	<i>Date</i>	<i>Verification Signature (or attach a confirmation letter)</i>
All Faculty of Medicine Approvals Received		
Funding plan agreed with IDI's Head of Operations and Finance		
Scientific Review Committee Approval Received		
Implementation Plan Agreed		

Note: This form should include as much information as possible about your project. However it is important to also ATTACH YOUR FULL PROTOCOL in case the committee has questions that are not answered on this form.

Section B: Project Description

(Please insert the following information into this form; the complete set of responses to Section B should not exceed 5 pages)

Specific Aims of Project

Relevant Background Information

Research Methods *State the overall design of the study (i.e. observational study, case control, randomized control trial, etc.); for questionnaires, state how they will be administered.*

Justification for proposed study size

Studies involving human subjects:

1) How and where will the study subjects be selected?

2) What inclusion/exclusion criteria will be applied?

3) What samples (blood, urine, sputum, etc.), if any, will be taken and what investigations will be conducted? Please justify volumes to be taken.

Expected Outputs and Dissemination of Results: What arrangements will you make for dissemination of the findings?

Relevant References

Section C: Methodology and Physical Inputs

This section should be filled out following your meeting with the Head of Operations and Finance.

Location(s) of Research

1	
2	
3	
4	

Proposed Start Date and Duration _____

Please give a brief overview of the human resources required to complete this study.

Please give a brief overview of key facilities and equipment requirements for this study.

Please give a brief overview of data management requirements; please indicate who will be responsible for data management activities.

Please outline the most important steps in the implementation of this project:

Activity	Person Responsible	Target Date of Completion

Section D: Ethical issues

In addition to reviewing the answers to these questions, the committee will evaluate the consent form and patient information sheets to ensure that they are simple enough to be understood by study participants. Please indicate on your consent form/patient information sheet which language(s) they will be translated into and whether they will be cross-translated to check for accuracy.

Please provide as much information as possible about how you believe this study will contribute to improving the health of people in Uganda.

Summarize any potential risks, and the anticipated benefits to individuals and communities.

How will informed consent be obtained?

How will confidentiality of the data gathered been ensured?

Please attach your consent form, subject information sheet, and questionnaire (if applicable). If you are unable to attach any of these please use the box below to explain why not.

Section E: Budget This section will be filled out during your planning meeting with the Head of Operations and Finance. Please add as many rows as necessary to give a comprehensive picture of the study budget.

Item	Unit Cost	Multiplied by (# of days, # of people, quantity required, etc.)	Multiplied by (# of days, # of people, quantity required, etc.)	Overall Cost	Notes
Research costs					Indicate individual costs for drugs, lab tests, and supplies
Use of IDI equipment					Indicate all clinical equipment, CIT and laboratory equipment to be used; calculate costs based on level of use
Administrative supplies, communications, transport					Indicate general categories of costs (i.e. photocopies, phone calls, etc.)
Field expenses					Indicate all field activities including participant recruitment, home visits, etc.
Total Budget:					

Plans for Funding Study:

Funding Source	Amount in Uganda Shillings or US Dollars
Amount provided by student	
Amount provided by other funding sources (please specify the source)	
Amount provided by IDI	

Please verify that projects taking place at the IDI facility have been discussed with the following staff members as appropriate.

<i>Staff Member Consulted</i>	<i>Situations in which consultation is necessary</i>	<i>Date Discussed</i>	<i>Comments or Concerns; if fully endorsed, please indicate</i>
<i>Head of Clinical Services, Dr. Andrew Kambugu; 031-307237 akambugu@idi.co.ug</i>	<i>Projects taking place in the IDI clinic</i>		
<i>Head of Lab (Ali Elbireer; 041-307260; aelbireer@idi.co.ug)</i>	<i>Projects utilizing MU-JHU laboratory facilities and/or storage space</i>		
<i>Head of Research (Yuka Manabe; 031-307227; ymanabe@mu-jhu.idi.co.ug)</i>	<i>All projects</i>		
<i>Head of Finance and Operations (Art Mooney; 031-307232; amooney@idi.co.ug)</i>	<i>All projects; this consultation will cover use of IDI staff.</i>		
<i>Head, Information Services Peter Okwi; 031-307225 pokwi@idi.co.ug</i>	<i>All projects; will handle data management capacities</i>		