



Seniors Together in Aging Research (STAR) Volunteer Registry Request for Research Study Participants

Date: _____

1. Study Title: _____

2. IRB Number and approval date: _____

3. Principal Investigator: _____

Position/Title at Institution: _____

Department: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Source of Funding: _____

Project Period: _____

4. Contact Person: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

5. Brief description of research study:

6. What type of study is this?

- | | |
|---|---|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Basic Science |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Information Gathering |
| <input type="checkbox"/> Clinical Trial | <input type="checkbox"/> Clinical/Functional Assessment |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Follow-up exam |
| <input type="checkbox"/> Other: _____ | |

7. Location of study: _____

8. Number of subjects needed: _____

9. Subject's time commitment: _____

10. Compensation available? _____ How much? _____

Are transportation or reimbursement costs available? _____

11. While involved in this study, will participants be available for concurrent studies?
What, if any, restrictions will there be?

12. Refer to the attached Volunteer Registry Form, and indicate the questions you want used as inclusion or exclusion criteria.

13. From your perspective, how intrusive is this study (intrusiveness is defined as “time consuming, psychologically stressful, or physically demanding”)?

Select one:

- LOW
- MEDIUM
- HIGH

14. Do you have a plan for the inclusion of minorities in this project? Yes No

If yes, please describe

15. How will study results be disseminated?

16. Will the results be made available to participants? Yes No

If so, how?

17. Please include:

- a current, date-stamped copy of the consent form for this study.
- a flyer or project description in lay language to be mailed to potential participants.
- a current, dated copy of the IRB approval letter for this study.
- any articles or reprints about this study topic to be made available to recruits who are interested or who have participated in this study.

Please return this form and accompanying materials to:

STAR Team

C44-General Hospital

Iowa City, IA 52242

Telephone: (319) 335-7569

Email: coa-star@uiowa.edu