THE UNIVERSITY OF IOWA

Institute for Clinical and Translational Science

STAR Registry

200 Hawkins Drive
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Iowa City, Iowa 52242-1009
(319) 335-7569
icts.uiowa.edu/star

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?

☐ Survey
☐ Treatment
☐ Clinical Trial
☐ Focus Group
☐ Other: _____

☐ Basic Science
☐ Information Gathering
☐ Clinical/Functional Assessment
☐ Follow-up exam

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