

Department of Emergency Medicine

Research Support Request Form

Requestor Name			
Role			
Email			
Supervisor (if applicable)			
Project Title			
Type of Support (select all that apply)	Assistance preparing an ethics application Statistical support Study design support Assistance with grant application Other:		
Any funding support	Yes	No	
Ethics approval	Yes	REB #	No
Primary research objective			
Deadlines (enter dates if known)	Grant application		
	Abstract submission		
	Presentation date		
	Project completion		

Please submit this completed form and your protocol to krcrowde@ucalgary.ca