Project Details

Record ID__________________________________

Project Details (from Intake Form):
PI/Contact: [contact_lastname]
Formal Project/Grant Title: [formal_title]
Informal/CCH "Working" Title: [informal_title]
Project Summary: [q3]

CCH Primary Contact:
- Ron Ackermann
- Jen Brown
- Gina Curry
- Jillian Guetzov
- Tricia Jakobcic
- Susan LeBailly
- Grisel M. Robles-Schrader
- Darius Tandon
- Other: please specify below

CCH Primary Contact - Please specify:__________________________________

Date responded:__________________________________

Response time (calculated field):__________________________________

Service type:
- Referral
- Consultation

Please indicate if the initial consultation request did not result in consultation time or services (select all that apply):
- Team indicated they no longer need CCH support
- Team needs to complete other steps/actions prior to pursuing support from CCH
- Team was unresponsive to follow-up communication
- Other (please specify):

No consultation - Please specify:__________________________________

Project/Study Co-PI and Co-I Members:

Team member 1 - Role:
- PI
- Co-PI
- Co-I

Team member 1 - Name:__________________________________

Team member 1 - NetID (if Northwestern University):__________________________________

Team member 1 - Email:__________________________________
| Team member 1 - Affiliation: | Northwestern University  
| | Northwestern Memorial HealthCare  
| | Ann and Robert H. Lurie Children's Hospital of Chicago  
| | Rehabilitation Institute of Chicago (RIC)  
| Team member 1 - Department: | IPHAM  
| | NUCATS  
| | OTHER, NON-FSM (please specify below)  
| | Anesthesiology  
| | Biochemistry and Molecular Genetics  
| | Cell and Molecular Biology  
| | Dermatology  
| | Emergency Medicine  
| | Family and Community Medicine  
| | Medical Education  
| | Medical Social Sciences  
| | Medicine  
| | Microbiology-Immunology  
| | Neurological Surgery  
| | Neurology  
| | Obstetrics and Gynecology  
| | Ophthalmology  
| | Orthopaedic Surgery  
| | Otolaryngology  
| | Pathology  
| | Pediatrics  
| | Pharmacology  
| | Physical Medicine and Rehabilitation  
| | Physical Therapy and Human Movement Sciences  
| | Physiology  
| | Preventive Medicine  
| | Psychiatry and Behavioral Sciences  
| | Radiation Oncology  
| | Radiology  
| | Surgery  
| | Urology  
| Team member 1 - Department (please specify): |  
| Team member 2 - Role: | PI  
| | Co-PI  
| | Co-I  
| Team member 2 - Name: |  
| Team member 2 - NetID (if Northwestern University): |  
| Team member 2 - Email: |  
| Team member 2 - Affiliation: | Northwestern University  
| | Northwestern Memorial HealthCare  
| | Ann and Robert H. Lurie Children's Hospital of Chicago  
| | Rehabilitation Institute of Chicago (RIC)  
|
Team member 2 - Department:

- IPHAM
- NUCATS
- OTHER, NON-FSM (please specify below)
- Anesthesiology
- Biochemistry and Molecular Genetics
- Cell and Molecular Biology
- Dermatology
- Emergency Medicine
- Family and Community Medicine
- Medical Education
- Medical Social Sciences
- Medicine
- Microbiology-Immunology
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacology
- Physical Medicine and Rehabilitation
- Physical Therapy and Human Movement Sciences
- Physiology
- Preventive Medicine
- Psychiatry and Behavioral Sciences
- Radiation Oncology
- Radiology
- Surgery
- Urology

Team member 2 - Department (please specify):
__________________________________

Team member 3 - Role:

- PI
- Co-PI
- Co-I

Team member 3 - Name:
__________________________________

Team member 3 - NetID (if Northwestern University):
__________________________________

Team member 3 - Email:
__________________________________

Team member 3 - Affiliation:

- Northwestern University
- Northwestern Memorial HealthCare
- Ann and Robert H. Lurie Children's Hospital of Chicago
- Rehabilitation Institute of Chicago (RIC)
Team member 3 - Department:  
- IPHAM  
- NUCATS  
- OTHER, NON-FSM (please specify below)  
- Anesthesiology  
- Biochemistry and Molecular Genetics  
- Cell and Molecular Biology  
- Dermatology  
- Emergency Medicine  
- Family and Community Medicine  
- Medical Education  
- Medical Social Sciences  
- Medicine  
- Microbiology-Immunology  
- Neurological Surgery  
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- Ophthalmology  
- Orthopaedic Surgery  
- Otolaryngology  
- Pathology  
- Pediatrics  
- Pharmacology  
- Physical Medicine and Rehabilitation  
- Physical Therapy and Human Movement Sciences  
- Physiology  
- Preventive Medicine  
- Psychiatry and Behavioral Sciences  
- Radiation Oncology  
- Radiology  
- Surgery  
- Urology

Team member 3 - Department (please specify):  __________________________

Team member 4 - Role:  
- PI  
- Co-PI  
- Co-I

Team member 4 - Name:  __________________________

Team member 4 - NetID (if Northwestern University):  __________________________

Team member 4 - Email:  __________________________

Team member 4 - Affiliation:  
- Northwestern University  
- Northwestern Memorial HealthCare  
- Ann and Robert H. Lurie Children's Hospital of Chicago  
- Rehabilitation Institute of Chicago (RIC)
Team member 4 - Department:

- IPHAM
- NUCATS
- OTHER, NON-FSM (please specify below)
- Anesthesiology
- Biochemistry and Molecular Genetics
- Cell and Molecular Biology
- Dermatology
- Emergency Medicine
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- Psychiatry and Behavioral Sciences
- Radiation Oncology
- Radiology
- Surgery
- Urology

Team member 4 - Department (please specify):

____________________________

Team member 5 - Role:

- PI
- Co-PI
- Co-I

Team member 5 - Name:

____________________________

Team member 5 - NetID (if Northwestern University):

____________________________

Team member 5 - Email:

____________________________

Team member 5 - Affiliation:

- Northwestern University
- Northwestern Memorial HealthCare
- Ann and Robert H. Lurie Children's Hospital of Chicago
- Rehabilitation Institute of Chicago (RIC)
Team member 5 - Department:

- IPHAM
- NUCATS
- OTHER, NON-FSM (please specify below)
- Anesthesiology
- Biochemistry and Molecular Genetics
- Cell and Molecular Biology
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- Family and Community Medicine
- Medical Education
- Medical Social Sciences
- Medicine
- Microbiology-Immunology
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
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- Pathology
- Pediatrics
- Pharmacology
- Physical Medicine and Rehabilitation
- Physical Therapy and Human Movement Sciences
- Physiology
- Preventive Medicine
- Psychiatry and Behavioral Sciences
- Radiation Oncology
- Radiology
- Surgery
- Urology

Team member 5 - Department (please specify):
__________________________________

Formal Project/Grant Title:
__________________________________________

PI's or primary contact's (if no PI) lastname:
__________________________________
(Note: This field is for internal purposes only; the last name entered here appears in the record ID and the form headers.)

Informal/CCH "Working" Title:
__________________________________
(Note: This field is for internal purposes only; the "working title" entered here appears in the record ID and the form headers.)

IRB number (if applicable):
__________________________________

Please indicate if this project supported or funded by one or more grants (institutional, federal, industry):

- Yes
- No

Grant status (at time of initial consult):

- In progress - Not submitted
- Submitted
- Funded
- Unfunded
Funding Agency:
- Federal - CDC, Centers for Disease Control and Prevention
- Federal - DOE, Department of Education
- Federal - DOJ, Department of Justice
- Federal - NIH, National Institutes of Health
- PCORI, Patient-Centered Outcomes Research Institute
- Community
- Foundation
- Industry
- Institutional
- Other: please specify below

Funding Agency - PCORI - Please specify:
- Tier I
- Tier II
- Tier III Pipeline to Proposal
- Eugene Washington
- Investigator Initiated Research Proposals
- Other (please specify below)

Funding Agency - Please specify:

Funding Mechanism:
- K
- R01
- U
- P
- Other (please specify below)

Funding Mechanism - Please specify:

Previous community engagement experience?
- None
- 1-3 research projects
- 4+ projects

Translational research phase (definitions):
- T0 - basic biomedical research
- T1 - translation to humans
- T2 - translation to patients
- T3 - translation to practice
- T4 - translation to communities
- Don't know
- Not applicable

Research phase:
- Stakeholder Engagement/Pre-Award
- Research Design
- Research Conduct
- Analysis & Interpretation
- Dissemination
- Other: please specify below

Research phase - Please specify:
Type of research (definitions):
- Basic
- Clinical
- Genomic
- Health services
- Population/public health
- Devices & new technology
- Other: please specify below

Type of research - Please specify:
__________________________________________

Research interests:
- Adolescent Care
- Alzheimer's
- Asthma & Allergy
- Cancer
- Child Development
- Complementary/Alternative Medicine
- Culturally Centered Care/Health Literacy
- Dermatology
- Diabetes
- Digestive Disorders
- Disabilities
- Eating Disorders
- ENT Disorders
- Faith-based research
- Health Care Access
- Immunizations
- Infectious Diseases
- Lung & Respiratory Diseases (not asthma)
- Medical Legal Issues
- Mental Health/Behavioral Health/Depression
- Migraines/Headaches
- Neurological Disorders
- Nutrition/Obesity/Weight Management
- Office Management
- Pain Management
- Physical Activity
- Policy research
- Prenatal & Newborn Care
- Safety/Injury Prevention
- Sexual Health/HIV/AIDS
- Sexuality & Contraception
- Sleep Disorders
- Smoking Cessation
- Sports Medicine/Fitness
- Substance Abuse
- Technology Use
- Training Medical Students/Residents
- Urological Conditions
- Violence Prevention
- Other: please specify below

Research interests - Please specify:
__________________________________________
Community(ies) of Focus:
- Infants and young children (0-4 y/o)
- Children (5-11 y/o)
- Adolescents and young adults (12-24 y/o)
- Adults (25-64)
- Seniors (65 and up)
- Pregnant women
- LGBTQ
- People with disabilities
- Incarcerated populations
- Asian
- African American
- Indigenous persons
- Latino
- Other: please specify below

Community(ies) of Focus - Please specify:
__________________________________________

Community(ies) of Focus (Asian):
- Chinese
- Filipino
- Indian
- Vietnamese
- Korean
- Japanese
- Pakistani
- Other: please specify below

Community(ies) of Focus (Asian) - Please specify:
__________________________________________

Community(ies) of Focus (Latino):
- Cuban
- Mexican
- Puerto Rican
- Other: please specify below

Community(ies) of Focus (Latino) - Please specify:
__________________________________________

Previous experience with this community(ies) of focus?
○ No
○ Yes
○ Varies by selected communities (please specify below)

Previous experience with this community(ies) of focus? - Please specify:
__________________________________________

Target Geographic Community:
- Chicago - north
- Chicago - south
- Chicago - west
- City-wide
- Suburban
- State-wide
- Other: please specify below

Target Geographic Community - Please specify:
__________________________________________

Is the research team receiving services from other NUCATS centers or programs for this project?
○ No
○ Yes
If yes, please indicate which NUCATS centers and/or programs:

- Center for Clinical Research (CCR)
- Center for Data Science and Informatics (CDSI)
- Center for Education and Career Development (CECD)
- Center for Translational Innovation (CTI)
- Galter Health Sciences Library
- Biostatistics, Epidemiology and Research Design (BERD)
- Evaluation and Continuous Improvement Program (ECI)
- Pilot Translational and Clinical Studies Program (PTC)
- Collaboration and Team Science
- Lurie Clinical and Translational Research (CTR)
- Rehabilitation Institute of Chicago
- Other: please specify below

NUCATS centers and/or programs - Please specify:

________________________________________________________________________

Additional request information:

________________________________________________________________________

Referral Information

Was client referred by CCH team member to a non-CCH resource (staff, etc.) or organization?  
- No
- Yes

Date referred:  

________________________________________________________________________

If yes, to whom was the client referred?  

________________________________________________________________________

If yes, please describe rationale for referral:  

________________________________________________________________________

If no, please specify why not:

________________________________________________________________________