



Request for Information: Clinical Trial or Research Study

Instructions: Please complete this form and send it to Robin Otto, MPP, LMSW, CDP, CGP, Advocacy and Community Engagement Strategist at rotto@lbda.org.

Study Primary Contact:

Name	
Telephone	
Email Address	
Organization	
Position	

Has the study received IRB approval? (yes/no)	
<ul style="list-style-type: none">If yes, please provide a copy of the IRB approval documentation	
Is the study registered on clinicaltrials.gov? (yes/no)	



Part 1: Please complete the form below. This information may be ultimately used by LBDA to inform the LBD community about the study or trial.

About the Study or Trial:

Name of Study:	
Principal investigator(s):	
Study Sponsor(s):	
Funding Agency:	
Purpose of Study:	
Characteristics/requirements for recruiting participants:	
Procedures involved, including length of study:	
Potential risks to participants:	
Human subjects review approval:	
Contact person & method for volunteering to participate:	

Part 2: Please attach a 2-3 page scientific justification and synopsis of the project. This information will **only** be used for LBDA's internal scientific review and will remain confidential.