**RESIDENT/STUDENT RESEARCH PROJECT PROCESS FORM**

The resident or student is responsible for completing this form and securing appropriate approval signatures prior to initiating the IRB process for each resident/student initiated research project.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Advisor:</td>
<td></td>
</tr>
<tr>
<td>Resident Investigator(s)</td>
<td></td>
</tr>
<tr>
<td>Student Investigators</td>
<td></td>
</tr>
</tbody>
</table>

**PROJECT ABSTRACT:** In 300 words or fewer, please provide a brief background on this topic. Include relevant literature and specify the gap in knowledge to be addressed.

**RESEARCH QUESTION**


**HYPOTHESIS** – A declarative statement predicts the relationship between a predictor variable and an outcome.

**RESOURCES**

- The department offers Drs. Leonardi and Mora's time to assist you with statistical analysis and project/manuscript development. What additional resources (funds, lab, software, etc) are needed to conduct this project? Use budget form below if applicable.

- What is the level of evidence assignable to this project? [http://jbjs.org/level-of-evidence](http://jbjs.org/level-of-evidence)

<table>
<thead>
<tr>
<th>RESIDENT SIGNATURE (IF APPLICABLE)</th>
<th>FACULTY ADVISOR SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**DIRECTOR OF RESEARCH APPROVAL**

<table>
<thead>
<tr>
<th>DIRECTOR OF RESEARCH SIGNATURE</th>
<th>Date</th>
</tr>
</thead>
</table>
PROJECT ABSTRACT: IN 300 WORDS OR FEWER, PLEASE PROVIDE A BRIEF BACKGROUND OF THIS TOPIC.

RESEARCH QUESTION

HYPOTHESIS

<table>
<thead>
<tr>
<th>STUDY DESIGN</th>
<th>DATA SOURCE</th>
<th>VARIABLES OF INTEREST</th>
</tr>
</thead>
</table>

ANTICIPATED IRB SUBMISSION CATEGORY: EXEMPT ☐ EXPEDITED ☐ FULL BOARD REVIEW ☐

http://www.lsuhscl.edu/administration/academic/ors/irb.aspx

ANTICIPATED AUTHOR ORDER

1. 
2. 
3. 
4. 
5. 
6.

TARGETED CONFERENCE AND ABSTRACT SUBMISSION DEADLINE

https://www.medschool.lsuhscl.edu/orthopaedics/annual_meetings.aspx

PROJECT MILESTONES AND TARGET DATES

<table>
<thead>
<tr>
<th>IRB Submission</th>
<th>Data Collection Start</th>
<th>Data Collection End</th>
<th>Data Analysis</th>
<th>Abstract Submission</th>
<th>Manuscript Submission</th>
</tr>
</thead>
</table>

RESIDENT/STUDENT SIGNATURE

Date

FACULTY ADVISOR SIGNATURE

Date

DR. DASA

Date

DR. LEONARDI

Date

DR. MORA

Date

IRB approval required prior to proceeding.
# LSUHSC Department of Orthopaedics Research Budget

<table>
<thead>
<tr>
<th>DETAILED BUDGET</th>
<th>FROM (Date)</th>
<th>THROUGH (Date)</th>
</tr>
</thead>
</table>

**PERMANENT EQUIPMENT** *(Itemize)*

**CONSUMABLE SUPPLIES** *(Itemize)*

**ANIMALS AND ANIMAL CARE** *(Purchase and Housing)*

**ALL OTHER EXPENSES** *(Itemize)*

**TOTAL COSTS FOR BUDGET PERIOD**

Budget JUSTIFICATION: