Application form for clinical study consultation

Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J-SUPPORT Administrative Office

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| Name | 氏名を入力 | | | | |
| Affiliation | 所属する施設名・部署を入力 | | | | |
| Address | TEL: 電話番号を入力 | | E-mail address: E-mailアドレスを入力 | | |
| Articles published with you as the first or corresponding author and cited in PubMed | | ≥ 1 article about clinical study | | | No /  Yes |
| ≥ 5 articles about observational study | | | No /  Yes |
| Research type | Intervention study / Observation study | | | | |
| Content of consultation | Research design (Experiment / Biostatics)  Data management Other (specify: 具体的に)  Digitization / remoteization (DCT, ePRO, eConsent, etc.) | | | | |
| Planning stage | Finished writing a letter of intent for conducting research  Currently writing a letter of intent for conducting research | | | | |
| Title of research title | 研究課題名を入力 | | | | |
| Questions & consultation objectives (write in detail)  質問内容や相談事項について具体的に記載する | | | | | |
| Attachments | A letter of intent for conducting research (**mandatory: ≤ 10 A4-sized sheets**)  Tables/figures that may be included in an article for publication  Other (　　　　　　　　　　　　　　　) | | | | |
| Preferred response method | Interview / Email /  Phone /  Other (specify: 具体的に) | | | | |
| \*Interview | Preferred day (weekdays):  土日を除く曜日を入力 | | | Preferred time: AM /  PM | |
| For office use only |  | | | | |