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 |  |