



DEPARTMENTAL REVIEW OF RESEARCH

Please submit completed form to:
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Joyce Bonarrigo: jbonarrigo@partners.org

Disposition of Review: [] Approved [] Revision Required [] Not Approved

Table with 2 columns: Field Name, Field Value. Fields include Proposal Title, Principal Investigator(s) (with affiliation), and If PI is external to DPNM, list BWH site PI/Co-I.

If grant application, due date:

Proposed project start date:

Project period:

Has proposal been reviewed at Work in Progress? (yes/no)

Brief summary of specific aims (please attach specific aims page to this form):

If clinical research, patient population of study (list inclusion and exclusion criteria):

Projected sample size:

Budget:

Sub-contracts/collaborations:

DEPARTMENTAL SUPPORT FOR PROPOSAL REQUESTED:

Table with 2 columns: Support Requested, Please Explain (i.e. number of hours, specimens, type and/or amount of space, number and/or type of visits, any other support needed). Rows include Research nurse, Biospecimens, Space (Office Space, Lab Space), and Follow-up clinic visits (Maternal, Neonatal).



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