

# **the institute for family health**

# **RESEARCH COMMITTEE questionnaire**

# **APPENDIX a: EXTERNAL RESEARCH PARTNERSHIP INFORMATION**

**Directions:**

If you are collaborating with an external research partner, you **must** complete this document as thoroughly as possible and submit it with your research questionnaire.

**Title of Project:**

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**Name of External Partner** (please include their institutional affiliation):

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| 1. **Have you previously collaborated with this external partner?**   Yes No N/A  *If “Yes,” briefly describe your/Institute’s collaborative history.*  *If “No,” briefly describe how this partnership was formed.*   1. **Is this project funded?**   Yes No N/A  *If “Yes,” will the Institute receive funding as a project partner?*  Yes No N/A   1. **Briefly describe the Institute’s role in this project.** *(Note: This could include recruiting participants – providers or patients, training staff, completing surveys, implementing new workflows, etc.).* 2. **Briefly describe how the Institute benefits from this partnership/project.** *(Note: This could include building research capacity (publications, fulfills Institute’s research agenda, staff training, etc.))*   *.* |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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