ROOT
center for advanced recovery

RESEARCH APPROVAL REQUEST FORM (RARF)

❖ *Completed RARF and accompanied documents should be sent to the Research Coordinator at Rebecca.Burke@rootcenter.org*

I. Research Investigator(s)

Name:	
Organization:	
Phone:	
E-mail:	
Address:	

II. Title of Research Project:

III. The following IRB approved/stamped documents must be provided:

1. **IRB approval letter**
2. **Study Protocol** (or sections addressing the questions listed in this request form)
3. **Informed Consent Form**
4. **Recruitment Material (i.e. study brochure/flyer)**
5. **Assessment Material (i.e. questionnaires, interviews)**

IV. Additional Information: Please ensure the following information is included/provided. If the information is already provided in one of the requested documents from Section III, list the name of the document and page number where that information can be located (for example, "see protocol, pgs. 3-4")

A. Background Information: List the PI's qualifications to conduct the proposed research (e.g., previous research projects, academic background) or attach curriculum vitae.

B. Research Overview: Identify the specific topic, issue or problem under study, why it is important and describe the overall research approach.
This overview should include:

1. the purpose of the research
2. the specific research questions and hypotheses
3. briefly review previous research and theory on the topic and how your study relates to previous work.

C. Research Design: Describe in detail how the study will be conducted. This review should include a discussion of;

1. Research Subjects
2. The specific research methods to be employed, such as surveys, interviews, observation, etc. **Provide a copy of any instruments to be used.*
3. A brief review of proposed methods of data analysis and reporting.
4. A breakdown, by source of the costs/resources required to successfully conduct the proposed project.
5. Is the study fully funded and by whom?
6. Are there costs to our patients or the RCAR?
7. Will the study require any of the RCAR's resources?
8. Are study participants compensated and if so, how?
9. What is the projected research time frame and length of participant involvement?
10. What are the risks associated with study participation?
11. How will study participant's confidentiality be maintained?

D. Expected Outcomes: Discuss the expected outcomes of your study along with how and by whom this research will be used.

1. What are the anticipated benefits of the research to our patients?

POLICY COMPLIANCE AGREEMENT

For the Researcher:

I have reviewed the directive governing research activities in the Root Center for Advanced Recovery and agree to abide by the policies and procedures as outlined in this document in conducting the proposed research project and in distributing the research findings. I also agree to comply with the research conditions as cited by the Research Review Committee and will comply with all Root Center for Advanced Recovery Good Clinical Practice policies and procedures pertinent to conducting the proposed research.

Name: _____

Signature: _____

Date: _____