Seniors Together in Aging Research (STAR) Volunteer Registry
Request for Research Study Participants

Date: ______________________

1. Study Title: ______________________

2. IRB Number and approval date: ______________________

3. Principal Investigator: ______________________
   Position/Title at Institution: ______________________
   Department: ______________________
   Mailing Address: ______________________
   Telephone: ______________________ Fax: ______________________
   E-mail: ______________________

Source of Funding: ______________________

Project Period: ______________________

4. Contact Person: ______________________
   Mailing Address: ______________________
   Telephone: ______________________ Fax: ______________________
   E-mail: ______________________

5. Brief description of research study, including inclusion/exclusion criteria:

6. What type of study is this?
   □ Survey       □ Treatment       □ Clinical Trial       □ Focus Group
   □ Information Gathering       □ Basic Science       □ Clinical/Functional Assessment
   □ Follow-up exam       □ Other: _______________
7. Location of study:________________________________________________________________________

8. Number of subjects needed: ____________________________________________________________________________

9. Subject's time commitment: ____________________________________________________________________________

    Are transportation or reimbursement costs available? ____________

11. While involved in this study, will participants be available for concurrent studies?
    What, if any, restrictions will there be?
    _______________________________________________________________________________________

12. Refer to the attached Volunteer Registry Form, and indicate the questions you want used as inclusion or exclusion criteria.

13. From your perspective, how intrusive is this study (intrusiveness is defined as “time consuming, psychologically stressful, or physically demanding”)?
    Underline one: LOW MEDIUM HIGH

14. Do you have a plan for the inclusion of minorities in this project? No Yes
    If yes, please describe

15. How will study results be disseminated?
    _______________________________________________________________________________________

16. Will the results be made available to participants? __Yes __ No
    If so, how?

17. Please include:
    • a current, date-stamped copy of the consent form for this study.
    • a flyer or project description in lay language to be mailed to potential participants.
    • a current, dated copy of the IRB approval letter for this study.
    • any articles or reprints about this study topic to be made available to recruits who are interested or who have participated in this study.

Please return this form and accompanying materials to:
Laura Temple, MS
STAR Registry
2159 Westlawn
Iowa City, IA 52242
Phone 319-335-7569
laura-temple@uiowa.edu