The REDCap intake form must be used to submit your quality improvement, program evaluation, or non-human research projects for review by the committee. When completing the form, be sure to answer all required questions, provide any additional pertinent information in the optional sections, and submit.

Once you submit your project, the committee will be automatically notified via email. It is suggested that you enter your email address to receive a submission confirmation as well.

Below is an example of the form with instructions on how to complete a Quality Improvement submission. Please note that some questions may differ depending on the type of submission.
Certain performance sites require independent review and thus the Dept. PM&R QI/PE/NHSR committee cannot make a formal determination for such projects. If you select one of these sites, a warning message will appear with additional information.

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**Performance Sites**

**Please list the sites involved in this project**
- UCD Anschutz Medical Campus
- Veteran's Administration Hospital (ECHCS)
- University of Colorado Hospital
- Children's Hospital Colorado
- CU Boulder
- UCD Downtown Denver Campus
- Denver Health and Hospitals
- Other

* must provide value

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**Funding Information**

**Do you have funding for this project?**
- No
- Yes
- Pending (submitted)

* must provide value

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**Funding Sponsor**

enter sponsor here, if applicable

* must provide value

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**Award amount ($)**

enter award amount, if applicable

* must provide value

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**Project Details**

**What type of review are you seeking?**
- Quality Improvement
- Program Evaluation
- Quality Assurance
- Other Not Human Subjects Research

* must provide value

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Please provide a brief, overarching summary of the project. This should include the issue to be studies, what you are doing, why you are doing it, and how you will achieve your goals. (Approx 1 paragraph)

* must provide value

As stated above, please provide a paragraph that summarizes your project. This should give the committee the big picture of your proposed work.

There is an option to upload a more comprehensive protocol below, but please also fill in these required fields. The committee will not accept responses such as "See attached protocol". Also keep in mind you will have the ability to outline your methodology and analysis in more detail below.

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**Upload your protocol (OPTIONAL)**

* Upload document
Describe the project including questions, aims, and design/methodology:

* must provide value

Use this space to provide specifics regarding your questions, aims, and design. While this section does not need to be long, please provide enough information for the committee to critically review your submission. You do not need to include your statistical analysis plan here, as there will be space for this information in another section.

Recruitment -

Describe how participants, records, or specimens will be identified:

* must provide value

Use this space to describe your recruitment strategies, including the use of secondary data, medical records, specimens, or participants.

Subject Population -

Describe the target population:

* must provide value

Use this space to describe who the target population is and why.

Data Analysis -

Describe how data will be analyzed to achieve aims:

* must provide value

Use this section to describe your plans to statistical analyses. Include how the data will be analyzed to achieve your aims. Please include preliminary information on who will be performing these analyses, and whether any interim analyses will be performed.

Privacy and Confidentiality -

Describe what information will be accessed and how it will be collected, recorded, and protected:

* must provide value

Please provide a comprehensive (though succinct) plan on how you will collect, record, and store your data. If you will be sharing your data outside of the department, please describe this here.
<table>
<thead>
<tr>
<th><strong>Is this project meant to improve a particular practice or process within an Institution or Institutions?</strong></th>
<th>Yes</th>
<th>No</th>
<th>Reset</th>
</tr>
</thead>
<tbody>
<tr>
<td>* must provide value</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please list Institutions:**
* must provide value

**Are there Institutions or clinics specifically interested in the results of this project?**
* must provide value

**Please list Institutions:**
* must provide value

**Is the study randomized?**
* must provide value

**Describe the current standard of practice or procedure and how this project will alter that practice:**
* must provide value

As stated, describe the current practice and how your project will alter that practice
Describe how these results will be used:
* must provide value

Use this space to outline how you will use the results generated from this project.

Please add any additional information that may assist the committee in reviewing your project (OPTIONAL)

Use this space to provide any pertinent information not captured in the questions above.

**NOTE – you are not done once you hit this first submit button. You will be routed to an additional page, where you must click submit again. **

Project Submitted

Please click “Submit” below to complete your submission to the Department of Physical Medicine & Rehabilitation’s QI/PE/NHSR Committee.

We will review your submission during our next meeting, if the agenda allows. Once your submission is reviewed, you will receive a formal determination letter.

In the meantime, if you have any questions regarding your submission, please contact:

Kate Cochran Kathryn.Cochran@ucdenver.edu or

Dr. Meredith Mealer Meredith.Mealer@ucdenver.edu

Have a nice day!