

13. <u>COLLABORATIVE ARRANGEMENTS</u> (Description of current or planned collaborative activity with WCCHC staff):
14. <u>HOW DOES ACTIVITY FIT INTO GOALS OF WCCHC:</u>
15. <u>HOW WILL THE COMMUNITY BE INVOLVED IN PLANNING AND/OR IMPLEMENTATION:</u>
16. <u>OWNERSHIP AND USE OF DATA:</u> (WCCHC maintains co-ownership of all data collected on WCCHC patients and/or staff while conducting research at the WCCHC .WCCHC Policy RES-9). Describe the procedure for addressing co-ownership of data.)
17. <u>PLAN FOR DISSEMINATION OF FINDINGS TO WCCHC/COMMUNITY:</u> (Upon the conclusion of the research, findings or conclusions drawn will be presented to the WCCHC Research Committee for review . WCCHC Policy RES-8)

Attach the **following documents** with this request:

1. Draft Research Proposal ___ Yes ___ No

If no, explain: _____

2. Draft Budget to WCCHC ___ Yes ___ No

If no, explain: _____

All requests for research proposed to be conducted at WCCHC **must be approved by the Research Committee** before proceeding. Research requests should be submitted to the Research Coordinator at least three weeks prior to a scheduled Research Committee meeting in order to allow time for review. The Research Committee meets the second Wednesday of alternate months to approve requests.

All research approved by the Research Committee and approved for funding by the funding source **must be reviewed and approved by the WCCHC IRB** before implementation at WCCHC.

Please contact Rachelle (Shelly) Enos, Research Coordinator, with any questions at senos@wcchc.com.

Thank you for submitting your request to the WCCHC Research Committee. We look forward to establishing a beneficial and ongoing relationship.