

PMP RESEARCH REQUEST FORM

Name of Institution/Organization

Project Title

Principal Investigator 1

Title

Mailing address

Email

Phone

Principal Investigator 2

Title

Mailing address

Email

Phone

Expected dates of Research

Start (month/day/year)

End (month/day/year)

FUNDING OF RESEARCH

1. Is your research part of a grant or contract/subcontract?

Yes. Attach a copy of the grant Notice of Availability, abstract, or contract/subcontract.

No

PROPOSED RESEARCH

2. Do you intend to collaborate with others on this project?

Yes. List the parties with whom you plan to collaborate.

No

3. Please state the research question(s) this project will answer.

4. Provide a brief summary of the research design.

5. Will you be using secondary data in your analysis of the PMP drug seizure data?

Yes. Explain how the secondary data was collected/source of the data and how you plan to use the secondary data

No

6. Describe the participant group to be studied.

7. List all sites where this research will take place. (City, County, and State)

8. What benefits do you expect your project will provide?

9. Do you have an internal Institutional Review Board (IRB)?

Yes.

No.

10. If yes, have you received approvals from your IRB to proceed with the research?

AGENCY PARTICIPATION

11. Have you requested access to PMP data from a participating agency(ies)?

Yes. Which one(s)?

No

12. Did that agency(ies) provide written permission to use their PMP data in your research?

Yes.

No. Explain

DISSEMINATION OF RESEARCH

13. Explain how you intend to disseminate the results of your research. Check all that apply.

Journal article

Conference presentation

Academic white paper

Thesis/Dissertation

Other Explain

FUNDING OF RESEARCH

14. Is your research part of a grant or contract/subcontract?

Yes. Attach a copy of the grant or contract/subcontract.

No

Please do not forget to attach any grants, contracts, notice of availability or abstracts upon submission.
Thank you for your request!