



Adler Aphasia
CENTER

**Outside Researcher Request
Onsite Project Support**

Primary Researcher Contact Information

Name of Primary Researcher: _____

College/University and Department Affiliation: _____

Address: _____

Telephone Number: _____

Email: _____

Supervisor Contact Information (if applicable)

Name/Title of Faculty Supervisor: _____

Address: _____

Telephone Number: _____

Fax: _____

Email: _____

Additional Researchers

List names & emails of any additional researcher(s) on the project: _____

Supporting Information

- This study has received IRB approval by the IRB at _____.
- I have read and agree to the Adler Aphasia Center Research Guidelines.
- An aphasia friendly consent or support document is included with this form.

Describe the research project. Include the **project purpose/goals, processes,** and **resources** you are looking for from Adler Aphasia Center. Copies of your institution's IRB forms are acceptable. _____

Please answer the following or refer to the page/section of any attachments where the information is previously stated.

1. What assistance with implementing your research project are you requesting from the Adler Aphasia Center?

- Share recruitment flyer
- Coordinate recruitment visit
- Coordinate recruitment screening
- Coordinate onsite project participation
- Other: _____

2. What is the timeframe of your study/when would you anticipate coming to Adler Aphasia Center? _____
3. How much time do you anticipate needing with Adler Aphasia Center's members while they are at one of our program sites (specify the number of hours/day, number of days/week, and number of weeks)? _____
4. Approximately how many participants from the Adler Aphasia Center are you looking to have participate in your research? _____
5. Can Adler Aphasia Center members participate in Adler programming while participating in your study? _____
6. What is the estimated cost to the Adler Aphasia Center for anticipated incurred expenses related to this project (to include staff time, space utilization, utilities, copies, travel, etc.)? _____
 - a. Is this a funded or non-funded research project? _____

- b. Would Adler receive any compensation for estimated or actual expenses related to this project? _____
- 7. What measures will be taken to ensure the confidentiality of research participants? _____
- 8. Do you anticipate working with individuals with aphasia who are not Adler members? If so, estimate the number of non-Adler members you anticipate would be involved in your project at an Adler facility. _____

Signature of Primary Researcher: _____ Date: _____