



Advocating for patients. Advancing the profession.

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### Request for Research Consultation

To: Council on Nursing Research

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Highest degree attained: \_\_\_\_\_

Organization Affiliation: \_\_\_\_\_

Primary Contact (if different than above named individual): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. What is your research or research-related question?

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2. What is the purpose or origin of your research question (i.e. school or work-related)? If school related, who is your advisor?

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3. What is your research background/experience? Have you completed Human Subjects Training and when?

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4. Have you filed for IRB approval for this research with the appropriate organization? Yes \_\_\_ No \_\_\_

If no, state why not: \_\_\_\_\_  
If yes, please provide a copy of your IRB application or approval.

5. What work have you done so far in exploring this research question or problem?

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6. What kind of help do you feel you need?

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7. When do you need an answer? (please be realistic)

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EPR review:

I have reviewed this request and recommend that CNR assist us in exploring this question.

Date: \_\_\_\_\_ Signature EPR Program Director: \_\_\_\_\_

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Constituent of the American Nurses Association

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