

HEALTH ANALYSIS DEPARTMENT PROJECT REQUEST FORM

Instructions: Please complete this form to the best of your ability and email back to the Health Analysis Department using the address listed at the bottom of this form. A Health Analysis Department representative will contact you within 7 business days of receipt.

Date of Request:

SECTION 1: Contact Information

Primary Investigator

Title/Rank

Last Name

First Name

Department

Phone Number

Email

Secondary Investigator

Title/Rank

Last Name

First Name

Department

Phone Number

Email

SECTION 2: Project Information

Project Title

Type of Support/Work Request

(ex: Screening, Access to Care, Quality of Care)

Is this project under Wounded, Ill and Injured (WII) program?

Yes

No

Is Institutional Review Board (IRB) approval needed?

Yes

No



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SECTION 3: Project Information

Please use the space below to describe your project and include details that will help explain your needs.

(Background, description of dataset, location of database, references, etc...)

SECTION 4: List Objectives

Provide statements of what you intend to achieve through your project. **Limit to 3.**

(Example: To improve the quality of care provided to wounded active duty personnel across all services by examining if there is adequate staff available.)

SECTION 5: Request help with *(check all that apply)*

Study Design

Review of Study, Proposal or Protocol

Data Management

Data Analysis and Report

Geographic Information Systems
(maps, distance, location)

Questionnaire/Survey Design

Database Development

Metrics

Other:



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SECTION 6: Please indicate variables of interest (check all that apply)

Age	Location or distance	MTF
Gender	Purchased Care	Rank
Inpatient Care	Fiscal Month	Other:
Outpatient Care	Fiscal Year	<input type="text"/>
Cost Efficiency	Enrollment Site	

Beneficiary Category
(check all that apply)

Active Duty Dependent Guard/Reserve Retired Other:

SECTION 7: Final product format (check all that apply)

Tables	Abstract
PowerPoint Report	Graphs
Written Report	Other:
Map	<input type="text"/>

SECTION 8: Additional Comments

SECTION 9: Project Deadline

Desired Deadline:

Signature Field:

***FOR QUESTIONS AND/OR TO SUBMIT:** Please save the completed form and email a copy to:
usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-haprojreq@mail.mil

