

## **Seniors Together in Aging Research (STAR) Volunteer Registry Request for Research Study Participants**

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

1. Study Title: \_\_\_\_\_

2. IRB Number and approval date: \_\_\_\_\_

3. Principal Investigator: \_\_\_\_\_

Position/Title at Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Source of Funding: \_\_\_\_\_

Project Period: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

5. Brief description of research study, including inclusion/exclusion criteria:

6. What type of study is this?

- Survey       Treatment       Clinical Trial       Focus Group  
 Information Gathering       Basic Science       Clinical/Functional Assessment  
 Follow-up exam       Other: \_\_\_\_\_

7. Location of study: \_\_\_\_\_

8. Number of subjects needed: \_\_\_\_\_

9. Subject's time commitment: \_\_\_\_\_

10. Compensation available? \_\_\_\_\_ How much? \_\_\_\_\_

Are transportation or reimbursement costs available? \_\_\_\_\_

11. While involved in this study, will participants be available for concurrent studies?  
What, if any, restrictions will there be?

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12. Refer to the attached Volunteer Registry Form, and indicate the questions you want used as inclusion or exclusion criteria.

13. From your perspective, how intrusive is this study (intrusiveness is defined as "time consuming, psychologically stressful, or physically demanding")?  
Underline one:   LOW           MEDIUM           HIGH

14. Do you have a plan for the inclusion of minorities in this project?       No               Yes  
If yes, please describe

15. How will study results be disseminated? \_\_\_\_\_

16. Will the results be made available to participants? \_\_Yes \_\_ No  
If so, how?

17. Please include:

- a current, date-stamped copy of the consent form for this study.
- a flyer or project description in lay language to be mailed to potential participants.
- a current, dated copy of the IRB approval letter for this study.
- any articles or reprints about this study topic to be made available to recruits who are interested or who have participated in this study.

Please return this form and accompanying materials to:

Linsey Abbott

STAR Registry

2159 Westlawn

Iowa City , IA 52242

Phone 319-384-4221

[linsey-abbott@uiowa.edu](mailto:linsey-abbott@uiowa.edu)