



PANAMERICAN TRAUMA SOCIETY SOCIEDAD PANAMERICANA DE TRAUMA

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MULTI-CENTER RESEARCH STUDY APPLICATION FORM

Dear participant, please fill out this application form and attach your research proposal and required documents.

- Electronic trauma record of your trauma hospital: # _____ years of registration
- Study Ethics Service (IRB) (Attached document)
- Direct contact with the principal investigator. Name and Email: _____
- Direct contact with trauma assistant: Name and Email: _____
- Name of the trauma center: _____
- How many trauma patients are registered each year? _____

Note: *All researchers must be active members of the PTS. Please follow this link to apply for membership:* <http://panamtrauma.org/membership-application>

If you wish to renew your membership please follow this link: <http://panamtrauma.org/renew-membership>

Full name of main researcher (contact person) _____ Member of the PTS
Yes__ No__

Email of main researchers (contact person) _____

Full name of co-investigator 1: _____ Member of PTS Yes__ No__

Full name of co-investigator 2: _____ Member of PTS Yes__ No__

Full name of co-investigator 3: _____ Member of PTS Yes__ No__

Full name of co-investigator 4: _____ Member of PTS Yes__ No__

Full name of co-investigator 5: _____ Member of PTS Yes__ No__

Full name of co-investigator 6: _____ Member of PTS Yes__ No__

Full name of co-investigator 7: _____ Member of PTS Yes__ No__

Date: _____

Please upload research study proposal _____

Please attached required documents _____

Thank you for submitting your proposal, one of our reviewers will be in contact with the main investigator (contact person) in the following weeks.

Thank you for your participation!