The Central Ohio Practice-Based Research Network (COPBRN) consists of 21 sites (listed below). This collaborative of clinical networks serves to maximize the diversity, breadth, and depth of the available primary care study populations in Central Ohio and represents the diverse demographics of the region. The COPBRN is committed to the performance of high quality practice-based research in order to add to the primary care knowledge base, enhance the delivery of preventive medicine, and positively influence diagnosis and treatment of the health problems of patients, families, and communities.

1. PROTOCOL TITLE

2. PRINCIPAL INVESTIGATOR

Name (Last, First, MI):  
E-mail:  
University Academic Title:  
Phone:  
Department Name:  
Fax:  
Campus Mailing Address:  
Emergency phone:  

3. STUDY CONTACT (If different from item 2.)

Name (Last, First, MI):  
E-mail:  
University Academic Title:  
Phone:  

4. PROPOSED COPBRN RESEARCH LOCATIONS

<table>
<thead>
<tr>
<th>Location Name</th>
<th>Street Address</th>
<th>City, Zip</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio State’s CarePoint East Family Medicine</td>
<td>543 Taylor Ave. 2nd Fl</td>
<td>Columbus, 43205</td>
<td>Yes</td>
</tr>
<tr>
<td>Ohio State’s CarePoint Gahanna Family Medicine</td>
<td>920 N. Hamilton Rd. Ste 300</td>
<td>Gahanna, 43230</td>
<td>Yes</td>
</tr>
<tr>
<td>Ohio State’s CarePoint Lewis Center Primary Care*</td>
<td>651 Pullman Dr. Ste 2200</td>
<td>Lewis Center, 43035</td>
<td>Yes</td>
</tr>
<tr>
<td>OSU Family Practice at Upper Arlington</td>
<td>1800 Zollinger Rd. 5th Fl</td>
<td>Columbus, 43221</td>
<td>Yes</td>
</tr>
<tr>
<td>OSU Family Practice at Worthington</td>
<td>160 W. Wilson-Bridge Rd. Ste 100</td>
<td>Worthington, 43085</td>
<td>Yes</td>
</tr>
<tr>
<td>OSU Primary Care at New Albany</td>
<td>240 Market St. Ste A</td>
<td>New Albany, 43054</td>
<td>Yes</td>
</tr>
<tr>
<td>OSU Rardin Family Practice Center</td>
<td>2231 N. High St.</td>
<td>Columbus, 43201</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Care of Healthy New Albany</td>
<td>150 W. Main St. Ste C</td>
<td>New Albany 43054</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*This primary care location includes physicians from Family Medicine and General Internal Medicine.

5. IRB/WIRB APPROVAL

Protocol Number:  
Initial Approval Date:  

6. FUNDING

☐ Sponsor:  
Award Number:

☐ Other funding source (e.g., personal or departmental funds):
7. OTHER RESEARCH PERSONNEL
List research personnel on this protocol that will be involved in the recruitment and consent of participants and any other research personnel that will visit the clinic site (i.e., Research Assistant).

8. RESEARCH METHODS AND PROCEDURES
Identify all procedures that are to be performed in the participating clinic sites.

9. DURATION
Estimate the time required from each participant in detail, including the number of visits/sessions required. Estimate the time required from clinic staff, if applicable. Provide the anticipated study duration.

10. NUMBER OF SUBJECTS
Provide the total number of subjects needed to reach the enrollment goal of the study, indicating the anticipated number to recruit per site as listed above.

11. REIMBURSEMENTS AND INCENTIVES TO PARTICIPATE
Will subjects receive compensation or other inducements (e.g., free services, cash payments, gift certificates, parking, classroom credit, travel reimbursement) to participate in the research study?

12. LEVEL OF SITE INVOLVEMENT
Describe the resources required to conduct research at each site (e.g., exam room, blood draw, etc) to participate in the research study?

13. ASSURANCES AND SIGNATURE
I verify that the information provided in this COPBRN Application for Research is accurate and complete. I understand that as Principal Investigator I have ultimate responsibility for the research. I agree to comply with all generally accepted good clinical research practice guidelines as well as with all other applicable professional practice standards regarding research.

- The research will be performed under the direction of the Principal Investigator by appropriately trained and qualified personnel.
- Serious, unexpected adverse events, unanticipated adverse device effects, and unanticipated problems involving risks to subjects or others will be promptly reported to the COPBRN Steering Committee.
- The COPBRN Steering Committee will be informed of any proposed changes in the research protocol before changes are implemented, and no changes will be made until approved by the COPBRN Steering Committee (except where necessary to eliminate apparent immediate hazards to subjects).
- A final report will be provided to the COPBRN Steering Committee when all research activities have ended.
- All co-investigators, research staff, employees, and students assisting in the conduct of the research will be informed of their obligations in meeting the above commitments.

I agree to comply with all policies and procedures of The Ohio State University, as well as with all applicable federal, state, and local laws and guidance regarding the protection of human subjects in research.

Signature of Principal Investigator
Printed name of Principal Investigator
Date

Signature of COPBRN Director
Printed name of COPBRN Director
Date