

# 2014 PROPOSAL TRACKING FORM

TITLE

PRINCIPAL INVESTIGATOR

SPONSOR AGENCY

RESUBMISSION?

ANNOUNCEMENT NUMBER

YES

NO

STATUS OF SUBMISSION

SPECIFIC AIMS

PATIENTS / STAKEHOLDERS ENGAGED *(As partners/collaborators, not as research participants)*

What specific questions do you have for the CER/PCOR Working Group?

Did you use (or plan to use) the PATIENTS description in any section of your proposal, such as under “*Environment*” or “*Resources*”?

YES

NO

Did you utilize the CER/PCOR work group while developing your proposal?

YES

NO

May the CER/PCOR working group share this information with other UM investigators? *(Investigators will be instructed NOT to disseminate beyond UM investigators involved in the CER/PCOR working group)*

YES

NO