**Expression of Interest – The Touchstone Study**

Thank you for your interest in being a part of the Touchstone research program.

Please fill in the form below with details of the proposed project (maximum 2 pages) and email the completed form to both the Principal Investigator at your site and the project coordinator, at least 10 business days prior to the next review meeting.

If you have any questions, please contact Dr Cara Platts, Touchstone research coordinator: [c.platts@unimelb.edu.au](mailto:c.platts@unimelb.edu.au)

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| --- |
| 1. **Long Title**   *Insert details here* |
| 1. **Short title**   *Insert details here* |
| 1. **Investigators and positions**   *Insert details here* |
| 1. **Background and rationale**   *Insert details here* |
| 1. **Aim and objectives**   *Insert details here* |
| 1. **Hypotheses**   *Insert details here* |
| 1. **Population and setting**   *Insert details here* |
| 1. **Study design**   *Insert details here* |
| 1. **Outcomes and measures**   *Insert details here* |
| 1. **Analysis plan**   *Insert details here* |
| 1. **Implications clinical practice**   *Insert details here* |

**Date of next Touchstone Research Meeting for project presentation:**

Meetings occur quarterly. Upcoming meeting dates can be found [here.](https://www.palliativenexus.org/touchstone-project)

**Are you available to be present at this meeting?**

Yes / No

**REVIEW COMMENTS**

Name of Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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| --- | --- | --- |
|  | Notes | Satisfactory |
| Aims and hypotheses |  |  |
| Method |  |  |
| Feasibility |  |  |
| Ethical considerations |  |  |
| Other comments |  |  |