**Study Participant Request Form**

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| **Study Characteristics** | **Applicant Description** |
| IRB Approval Number |  |
| What steps have been taken to minimize the risk for bias? |  |
| Participant inclusion criteria |  |
| Participant exclusion criteria |  |
| Provide evidence-based justification for the inclusion and exclusion criteria |  |
| Describe how the study benefits the profession of hand therapy |  |
| Please describe any form of compensation being offered for those agreeing to participate in the study? |  |
| What is the projected length of time for data collection? Please provide a beginning and ending date.  |  |
| How will the identity and personal information of participants be protected? |  |