**ATLANTA MWCCS PARTICIPANT REFERRAL REQUEST**

Atlanta MWCCS will be happy to refer participants for your study. In order for us to refer participants, please provide the following information:

1. Request date Click here to enter text.
2. Requested by Click here to enter text.
3. Email Click here to enter text.
4. Study PI names Click here to enter text.
5. Study abbreviated name Click here to enter text.
6. Study full title Click here to enter text.
7. Related grant number Click here to enter text.
8. Approximate study dates Click here to enter text.
9. Emory IRB approval? [ ]  No [ ]  Yes If yes, IRB number Click here to enter text.
10. GROC approval? [ ]  No [ ]  Yes
11. Brief study description Click here to enter text.
12. Participant inclusion/exclusion criteria (describe below):

Once you have completed the form, please email Anna Rubstova, PhD, MSc at grubtso@emory.edu

By filling this form I agree to keep track of study participants referred from Atlanta MWCCS and, at the end of our study recruitment process, to provide Atlanta WIHS with the list of Atlanta MWCCS participants that were screened by our study and enrolled as well as those who failed to enroll and the reason why (e.g., did not meet inclusion criteria or refused study participation).

**Signature** Click here to enter text. **Date** Click here to enter text.