



# American Board of Orthopaedic Surgery

Member Board of the American Board of Medical Specialties

400 SILVER CEDAR COURT  
CHAPEL HILL, NORTH CAROLINA 27514  
919/929-7103 FAX: 919/942-8988  
www.abos.org

## ABOS PROPOSAL FOR RESEARCH

**Date submitted:**

**Title:**

**Principal Investigator** (Name, degree and institutional position; attach brief CV AND **contact information — e-mail and mailing address**):

**Research Team** (Identify all investigators and collaborators who will have access to data and preliminary analyses prior to publication of any research paper, describe the role of each):

### 1. Research Proposal

- a. Specific hypothesis or research question
- b. Brief summary of project
- c. Significance of results

**2. Literature Review** (Brief summary of background, major references)

**3. Data Elements Requested** (List *specific* data requested from ABOS Scribe database from which years)

**4. Research Methodology** (How will the data be reviewed or manipulated, what comparisons will be made)

**5. Analysis Plan and Results Reporting** (Description of statistical data analysis, sample size calculation, clinical/statistical significance and a sample data display)

**6. IRB approval** (Approved, submitted, exempt)

**7. Proposed Timeline for Completion of Project** (Including start and end dates)

**8. Anticipated Dissemination/Publication of Results** (Identify targeted presentations, journals)