

# Patient Research Engagement Board at Penn Medicine

---

## Request for Review

Submission Date

### CONTACT INFORMATION

Principal Investigator

Name

Email

Additional Contact (if applicable)

Name

Email

### PROJECT INFORMATION

1. Project Title or Topic:
2. Project Purpose:
3. Who do you plan to recruit to participate in your research project? What recruitment methods will you use? *Please describe the type of patients or family members that will be recruited.*
4. What will the participants be expected to do during the course of their involvement in this project?
5. Are there any benefits to the participants?
6. Are there any potential risks to the participants?

# Patient Research Engagement Board at Penn Medicine

---

7. Please list any specific questions you have for the Patient Research Engagement Board or any areas in particular that you want the Board's input to focus on:
  
  
  
  
  
  
  
  
  
  
8. If there is any other additional information you want to include, please enter it below:
  
  
  
  
  
  
  
  
  
  
9. By what date do you need to receive feedback from the Board?

Submit completed Review Requests to Jill McDonald ([jillmcd@penmedicine.upenn.edu](mailto:jillmcd@penmedicine.upenn.edu)).