

Submission Date

1. List names and emails of all survey request investigators:

Name	MTQIP Trauma Center	Investigator Role	Email Address
		Principle Investigator	
		Co-Investigator	
		Co-Investigator	
		Co-Investigator	
		Co-Investigator	
		Co-Investigator	
		Co-Investigator	

2. Briefly describe (one paragraph) your survey topic.

3. Place an X next to the statement that most closely reflects your survey intent.

	To determine trauma center practices for information sharing purposes at with no intent to publish
	To determine trauma center practices for research purposes with intent to publish

4. Place an X next to which contact list you wish to draw your sample from.

	MTQIP Contact List
	Specific MTQIP Meeting Participant List. Specify meeting date:

5. Place an X next to all subpopulations you wish to draw your sample of respondents.

	Trauma Surgeons
	Orthopedic Surgeons
	Neurosurgeons
	Advanced Practitioners
	Trauma Medical Directors (TMD)
	Trauma Program Managers (TPM)
	MTQIP Clinical Reviewers (MCR)
	Trauma Registrars
	Other (describe)

6. Return completed form to: Judy Mikhail PhD, Chair, Publications Committee: jmikhail@med.umich.edu