



## **SleepImage® Research Proposal Application**

Proposals from faculty, postdoctoral fellows, doctoral-, master's- or graduate-level students working in public and/or private research sectors (university, laboratory institutes, hospitals, healthcare centers) will be evaluated. If your proposal is selected, you will need to submit an institutional review board confirmation prior to release of data collection devices and access to the SleepImage® System (the Software As a Medical Device). Registering this study at [www.Clinicaltrials.gov](http://www.Clinicaltrials.gov), or on similar repositories, is also highly encouraged.

### **APPLICANT'S NAME**

Enter First and Last Name

### **APPLICANT'S EMAIL**

Enter Applicant's Email Address

### **RESEARCH INSTITUTE(S)**

Enter name(s) of Associated Research Institution(s)

### **PRIMARY INVESTIGATOR & COLLABORATORS**

Enter the First and Last Name(s) and Role

### **TARGETED JOURNAL(S) FOR PUBLICATION**

Enter targeted Journal(s)

### **STUDY SUMMARY**

Please provide a summary of your proposal. Be sure to including Background, Objectives, and Research Question

### **STUDY DESIGN- STUDY POPULATION**

Enter information about study design and population included in the study (i.e., inclusion/exclusion criteria, age range, number of participants, number of nights each participant will be evaluated, as well as the frequency of testing during the study).

### **STUDY DESIGN- STUDY DURATION, LOCATION, AND TIMELINE**

Enter the start date of the study, as well as the projected duration of the study, the location(s) where the study will be performed. Timeline of your study and number of data-recorders requested from SleepImage®.