PENNSTATE HERSHEY
Milton S. Hershey Medical Center

PENNSTATE HERSHEY
College of Medicine

ADVISOR Proposal Review
Medical Student Research Program
(MSR)

STUDENT NAME:_____ CLASS:_____

E-mail address:_____ Cell phone Number:_____

Faculty Research Advisor:_____ Advisor's Phone Number:_____

Advisor's Department:_____ Advisor's E-mail address: _____

Advisor's Address (if off-site):_____

Project Title:_____

Key Words: *(for the purpose of data searches)*_____

Detailed instructions for completing this form can be found on the MSR website: www.pennstatehershey.org/web/msr

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Overall Goal of the MSR:
Dr. George Harrell, the founding Dean of the Penn State College of Medicine, established the Medical Student Research (MSR) program as an integral part of the curriculum. The purpose of the MSR program is to promote, through a mentored research project, the development and application of critical thinking and problem solving skills that are fundamental to the integration of medical science and clinical care. Students gain an understanding of the research process, limitations and variability of data, and the translation of research and critical thinking skills to clinical practice. We expect our students to be able to articulate a relevant research question, decide on appropriate methods to address the question, collect and analyze the data, reach proper conclusions, and write a scientific report summarizing their work, including implications for further inquiry and/or clinical practice.

Please explain how this project meets the goals of the PSU Medical Student Research Program.

Briefly summarize the significance of the student's work in this field.

If successful, where would you anticipate publishing this work?

Is this project part of an effort that involves further development of existing intellectual property, or is directed to developing new intellectual property? ☐ YES ☐ NO

Other than the U.S. government, are there intellectual property provisions associated with any of the project's funding or any materials or other resources that will be used? ☐ YES ☐ NO

If answering YES to either question, please consider the circumstances further and initial below indicating your agreement with any of the following:

(1) _____ I understand that according to Penn State Research Administrative Guideline 12, any intellectual property arising from the student's contribution belongs to the student. I do not believe that this arrangement would inappropriately distinguish this student from other students in my laboratory.
STOP HERE IF IN AGREEMENT WITH THIS STATEMENT.

(2) _____ Per my consultation with the Office of Research Affairs or Office of Technology Development, fulfillment of obligations to sponsor(s) or sources of materials requires that the student assign his/her rights to any intellectual property arising out of the research to the university. I have discussed this with the student, and he/she has completed the appropriate assignment form (please attach the completed form).

(3) _____Working on this project would require the student to assign intellectual property rights to the University or to an external sponsor. I have discussed this with the student, and he/she has completed the appropriate form to transfer intellectual property rights to the University or external sponsor (please attach the completed form).

Have you addressed the following regulatory questions?	**YES** (Please provide number)	**NO**
Does this project involve human subjects in any manner (including surveys, charts, etc.)?		
IF YES, has student completed Human Subject trainings?		
IF YES, has student been added to your IRB protocol?		
Does this project involve any vertebrate animals?		
IF YES, has the student completed appropriate training and OHSP screening?		
IF YES, Has the student been added to your IACUC protocol?		
Does this project need to have access to non-electronic medical records?		
IF YES, has the student received appropriate training?		
Does this project need to have access to non-electronic medical records?		
If YES, has the student obtained the signature of the Supervisor of Record Storage and Retrieval?		
What (if any) statistical services from Public Health Sciences (PHS)?		
Has the student received approval from PHS?		
Will this project be conducted at a site other than Penn State Hershey?		
If YES, does this student involved human subject in any fashion (surveys, chart reviews, clinical interventions?		

I have reviewed this proposal and attest that the resources needed by the student to complete his/her part of the study within the timeframe indicated will be made available. *(Feel free to add additional comments on a separate page)*

☐ YES ☐ NO

Advisor Signature *(submission of this form from your e-mail address is preferred, and serves in lieu of a physical signature)* Signature Date