**Peripheral Arterial Disease (PAD) project registration form**

**Title of research project:**

**Short title (acronym) – if applicable:**

**Investigator responsible for project**

Name:

Institution:

Address:

Telephone:

E-mail:

**Brief Project proposal – two A4 page limit, size 12 font, single spacing**

Describe briefly and clearly the proposed research project with the following headings.

Objectives (please state the main objective and if relevant further secondary objectives):

Hypothesis and specific aims (please state the main aim and if relevant further secondary aims):

PICO Summary \* Participants / Intervention / Comparator / Outcome:

Background including pilot data which might be available (previous work by other investigators or the applicants):

Rationale for current proposal, further pilot data which might be required and how that pilot data will be acquired:

Methods:

Anticipated problems and limitations:

Possible Data analysis:

Specific support requested from RCPAD that will allow the completion of the project: