



TRANS WELLNESS CENTER RESEARCH COMMITTEE  
 Research Protocol Proposal

Protocol Title		
Principal Investigator	Name, credentials, affiliation	
External Advisor	Name, credentials, affiliation	
Trans Wellness Center Advisor	Name	
Funding sponsor/agency	e.g., NIH/NIDA	
Budget	Please attach budget including line items for TWC facilities fee and liaison stipend	
Community Involvement Plan	Describe methods for engaging community in protocol design, implementation, and dissemination	
Study Design	e.g., randomized, case controlled, observational, etc.	
Objectives	List specific aims	
Inclusion/Exclusion criteria		
Sample/Setting	Total N for study, number of sites, recruitment plans	

