**Short study protocol**

### If you already have a study protocol, please send it to us; it is not necessary to fill in this abstract.

### Study title

### Contact person(s)

(Name, clinic, telephone / pager, email address)

By completing and returning this form to the Institute of Clinical Biometry, the contact persons consent to the storage of the information provided for the purposes of research and statistics at the Institute of Clinical Biometry.

### Rationale (Why or against what background are the questions listed below relevant?)

### Main research question(s)

(What are the primary research questions to be answered by the study?)

### Secondary research question(s)

(What are additional research questions to be answered by the study?)

**Main target variable(s)**

(Which variables need to be measured, and in which way, to answer the primary research question?)

**Secondary objective variable(s)**(Which other variables need to be measured and in which way?)

**Study design**

(According to which design are/were the data collected? Cohort study / case-control study / randomised study / ...)

**Number of cases**

(How many patients / subjects can be recruited for the study or were included?)

**Previous consultations**

(Has there already been a collaboration with Clinical Biometrics for this study? When and with whom?)