

Proposal for DXA Use

Please provide a 1-page summary of the proposed investigation (Email to DXA Oversight Committee consisting of Lesley White ljwhite@uga.edu, Elaine Cress mecress@uga.edu, and Kevin McCully mccully@uga.edu). Please include the following elements in your proposal:

Date: _____

1. **Project title/Class title:Investigators/Instructors:**
3. **Faculty advisor:**
4. **IRB approval number** (please attach a copy of the research proposal and informed consent):
5. **Purpose of study (please attach IRB proposal):**
6. **Justification for DXA use:**
7. **Number of DXA scans requested and justification for sample size.**
8. **Name of DXA operator:** Date of current radiation certification.
9. **Study funding source, if applicable:**
10. **Project start date and completion date:**
11. **How will the DXA data collected in this study be used? Please check all that apply.**

Study category	Role of DXA	Type of analysis
<input type="checkbox"/> Research	<input type="checkbox"/> Primary outcome	<input type="checkbox"/> Whole body composition
<input type="checkbox"/> Instruction	<input type="checkbox"/> Secondary outcome	<input type="checkbox"/> Segmental composition
<input type="checkbox"/> Service	<input type="checkbox"/> Descriptive variable	<input type="checkbox"/> Bone density
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

12. How will you ensure DXA data is analyzed in an unbiased manner?

(If whole body scans, skip this question)

Official use only

DXA study name: _____

Date received

Decision:

Cress _____ initials _____

McCully _____ initials _____

White _____ initials _____

Comments:

Rev. Dec-08