

Survey Request Form

Please take a few moments to complete this form describing your request. Complete information will allow us to better understand your research or project and our potential role in assisting you.

Check here if this request needs urgent implementation (less than 4 weeks).

Name:	
Bae[f[a`,	Organization:
Phone:	E-mail:
This is a request to condu	
Survey Focus	Group Other:
Please briefly describe the	
,	
How is it relevant to the	nission of NTCA?
If this is a survey, has it b	een pilot-tested? (Check one)
·	een pilot-tested? (Check one)
·	
·	
If yes, please describe the	e pilot-test (e.g., population, location and the results)
If yes, please describe the	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply)
If yes, please describe the Who are the intended sur ☐ TB Controllers ☐	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply) TB Nurses
If yes, please describe the Who are the intended sur ☐ TB Controllers ☐	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply) TB Nurses TB Clinicians Outreach Workers and Field States
If yes, please describe the Who are the intended sur ☐ TB Controllers ☐	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply) TB Nurses
Who are the intended sur ☐ TB Controllers ☐ Other:	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply) TB Nurses
Who are the intended sur TB Controllers Other: PROJECT	e pilot-test (e.g., population, location and the results) vey or research project participants? (Check all that apply) TB Nurses



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Who will perform the analysis?	
Are survey sites invited to participate in the analysis? ☐ Yes ☐ No	
How will confidentiality and data be maintained?	
How will you work with NTCA on administration and disseminating findings?	
How do you plan to use the findings?	
How will the findings be communicated back to NTCA and survey participants?	
Will the findings be distributed to others outside of NTCA and survey participants?	
☐ Yes ☐ No If yes, please indicate:	
Who will retain data?	
Will the data be made available to NTCA? □ Yes □ No	
Can it be posted on the NTCA's website? □ Yes □ No	
Please attach the following forms and documentation with this application and email them to	
the Survey Committee Chair at ntca@tbcontrollers.org . Please allow 4-8 weeks for the NTCA Survey Committee to respond to your request.	
CV of the Survey Project Lead	
☐ Disclosure of Conflicts of Interest	
☐ Survey Tool (List of survey questions)	
☐ Brief cover letter that include the following information to be sent to survey participants:	
 Background information on your organization and purpose of this survey Who are the intended target participants 	
How long does it take to complete the survey	
 How will the data be used Who will have access to the findings	
How will confidentiality be maintained	