



### Gatekeeper Information Sheet

<b>Gatekeeper Information Sheet</b>			
<b>Principal Investigator (PI) Name:</b>		<b>Date:</b>	
<b>Organization:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Government Project Manager:</b>			
<b>Organization:</b>		<b>Division/Office:</b>	
<b>Phone:</b>		<b>E-mail:</b>	

<b>Proposed Study Information</b>	
<b>Proposed Study Title:</b>	
<b>Abstract:</b>	
<b>Please check all that apply:</b>	
<b>What entity is requiring the study? [e.g., report to Congress, Department of Defense (DoD) Directive, general research]</b>	<input type="checkbox"/> Congressional - Please cite: _____
	<input type="checkbox"/> DoD Issuance - Please cite: _____
	<input type="checkbox"/> Other (please specify): _____
<b>What is the frequency of the study?</b>	<input type="checkbox"/> One-time <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please specify): _____
<b>What is the study population?</b>	<input type="checkbox"/> All Beneficiaries <input type="checkbox"/> Active Duty <input type="checkbox"/> Retirees <input type="checkbox"/> Dependents of Active Duty <input type="checkbox"/> Dependents of Retirees <input type="checkbox"/> Direct Care Providers <input type="checkbox"/> Purchased Care Providers <input type="checkbox"/> Other (please specify): _____
<b>What is the target audience for the results (stakeholders)?</b>	<input type="checkbox"/> Health Affairs/TMA Leadership <input type="checkbox"/> Policy Makers <input type="checkbox"/> Military Treatment Facilities <input type="checkbox"/> Other (please specify): _____
<b>Will the study use existing data, involve collection of new data (i.e., survey, focus groups), or both?</b>	<input type="checkbox"/> Existing Data <input type="checkbox"/> New Data Collection - Please specify: _____
<b>FOR TMA USE ONLY</b>	
<input type="checkbox"/> Search <b>did not</b> indicate duplicate study.	<input type="checkbox"/> Search <b>did</b> indicate duplicate study. Component Designated Official (CDO)
PI Name:	Government Project Sponsor:
Phone:	Phone:
Email:	Email: