**Arnot Ogden Medical Center**

**QI Proposal Template**

1. **Title of project**:
2. **Names of involved individuals: (**Every project must list at least one faculty member investigator)
3. **Description of the project and its rationale:**
4. **Risks/Benefits and Privacy Considerations, if applicable:**

**Signatures required:**

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this form to the Dr. Uma Yoganathan (uma.yoganathan@arnothealth.org)