



Gatekeeper Information Sheet

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

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