



BOISE STATE UNIVERSITY

**CENTER FOR ORTHOPAEDIC AND
BIOMECHANICS RESEARCH**

**Center for Orthopaedic & Biomechanics Research
(COBR)**

Request for Work

Complete all sections of the application and email to: [COBR](#)

Section 1

Project Classification (check the appropriate box):

- University Research
- Commercial Research
- University Fee-for-Service
- Commercial Fee-for-Service

Type of work required (check all that apply):

- Programming/Software Development
- Equipment/Software Training
- Device Design
- Device Manufacture
- Motion Capture Collection
- Data Post-Processing

1. Project Name: _____

2. Principal Investigator's Name: _____

3. Principal Investigator's Institutional Affiliation: _____

4. Email Address: _____

5. Phone Number: _____

6. Has this study been submitted for IRB approval via Boise State University Office of Research

Compliance? YES ____ NO ____

a. If yes, has the study been granted approval? YES ____ NO ____

Section 2

DESCRIPTION OF NEEDS: Please describe, in reasonable detail, what duties you will need COBR personnel to perform and estimated time required for each task:

EQUIPMENT REQUIREMENTS: (Be as specific as possible)

Will non-COBR personnel be involved in the conduct of the project?

Yes No

If yes, please indicate who, outside of COBR, will be involved and describe their roles and responsibilities on the project.

IS THIS A FUNDED STUDY? Yes No

If yes, please indicate funding source(s). If not, please indicate any costs that may be incurred by COBR (hardware, software, supplies, etc.).

For Internal Use Only:

Meeting Date: _____

Attendees: _____

Yea: _____

Nea: _____

COBR Approval? _____

Signature: _____

Disclaimer: Though the goal of COBR is to be as inclusive as possible and foster scientific research, some projects may fall outside of the scope or capacity of what we are currently able to accommodate. As such, COBR retains the right to refuse acceptance of proposals at our discretion.