**Department of Emergency Medicine**

Office use only:

Reference number:

**Research/ Audit Report**

|  |  |
| --- | --- |
| Title of Project |  |
| Project lead | Name |
| Email address |
| Why was this project relevant/important? |  |
| What were the objectives of the project or audit question? |  |
| What were the inclusion criteria? |  |
| Over what period was the project conducted? |  |
| Main results |  |
| Interpretation of results |   |
| Reported to: (Name meeting/committee/ED Executive member) |  |
| For research only |  |
| Has this research been\*\*please update the record if publication/presentation occurs | Presented external to WH (e.g conference) | □ Yes □ No  |
| Published  | □ Yes □ No  |