**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 |