**Date of Request:** DD-MMM-YYYY

**Therapeutic Area:**

**Select the Type of QRS Instrument: Functional Test** [ ]  **Questionnaire** [ ]  **Clinical Classification** [ ]

**QRS:** Long Name (Short Name)

**QRS Reference:** Provide a reference paper as background information for the QRS instrument being requested. Please include a web site URL (if available) and any other documentation that can be used to obtain more detailed information on the instrument. A sample CRF would also be appreciated.

**Public Domain Documentation:** Provide evidence that the QRS instrument is in the public domain and requires no copyright permission to develop a Questionnaires, Ratings or Scales supplement.

**or**

**Copyright Holder Information:** Provide contact information of the copyright holder for the QRS instrument so that we can request permission to develop the QRS supplement.

**Subject Matter Expert**: Please identify a subject matter expert to assist CDISC in developing the supplement for this instrument.

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Please send this request to: qrsstandardrequest@cdisc.org.

The QRS Coordinator will contact you to inform you if the supplement will be included in our QRS Supplement Inventory.