**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.

|  |  |
| --- | --- |
| Name: ­ | Email Address: ­ |
| Organization: ­ | Phone Number: ­ |
|  |  |
|  |  |

Please send this request to: [qrsstandardrequest@cdisc.org](mailto:qrsstandardrequest@cdisc.org).

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