The ICRE Standard Thesis will be composed of the following sections (below) with content determined by primary and secondary research questions. Data must be human. A thesis produced under this option must conform to all applicable University policies regarding theses (visit: http://www.pitt.edu/~graduate/etd for details).

The final project must meet the NIH definition of clinical research or translational research:

1. **Clinical Research:** "1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: 2) Epidemiologic and behavioral studies 3) Outcomes research and health services research" [http://grants.nih.gov/grants/policy/hs/glossary.htm](http://grants.nih.gov/grants/policy/hs/glossary.htm) (accessed on 10.27.2016)

2. **Translational Research:** “Translational Research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science (Rubio D, Schoenbaum E, Lee L, Schteingart D, Marantz P, Anderson K, Platt L, Baez A, Esposito K. Defining Translational Research: Implications for Training. Acad Med. 2010 March; 85(3): 470-475).”

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1. **Introduction:** Introduces the problem, research questions, previous research on the problem, and the conceptual approach used in this study.

2. **Literature Review**

3. **Methods:** Describes in detail the research methods used in the study.

4. **Results:** Provides a clear, systematic presentation of results, linked back to the research questions and conceptual model. It does not include interpretation or discussion of results.

5. **Discussion:** Provides the opportunity to discuss the findings, compare them with previous research, and consider the implications of the findings.

6. **References**

Return this completed form to: ICRE Administrative Office, 200 Meyran Avenue, Suite 300.

For Office Use Only

Approved: _____  Date: _________________

Not Approved: _____
Guidelines:

1. This form must be submitted by the last day of the term PRIOR to the term you wish to register for
   CLRES 2080: Masters Thesis Research credits. The form must have all committee members’
   signatures in order to be reviewed.

2. The Director of Academic Programs must approve your Project Prospectus before you can register for
   thesis credit.

3. You must defend your project to the committee designated on this form. Both your defense
   committee and the ICRE Degree Program Coordinator must receive a copy of your final project at
   least 2 weeks prior to your defense date.

4. You must schedule your defense at least 8 weeks prior to the last day of the term you intend to
   graduate.

PART 1. Title of Final Project

Option selected: Standard Thesis

Project title:
PART 2. List of Review Committee Members (with signatures)

The ICRE Review Committee is chaired by your ICRE academic advisor (or another ICRE faculty member named by the advisor). The Committee also must include your mentor, another ICRE faculty member, and at least one ad hoc member familiar with your project. (If your mentor is not in your primary department, the ad hoc member should be someone from your department.) The ICRE faculty member and ICRE Leadership Committee may indicate that additional reviewers (e.g., independent reviewers, statisticians) are needed.

ICRE Advisor (print): ___________________________________________________________

Title: _______________________________________________________________________

Signature: ___________________________________________________________________

Email Address: __________________________________________________________________

ICRE Faculty Member (print): ______________________________________________________

Title: _______________________________________________________________________

Signature: ___________________________________________________________________

Email Address/Phone Number: ___________________________________________________________________

Project Mentor (print): _______________________________________________________

Title: _______________________________________________________________________

Signature: ___________________________________________________________________

Email Address/Phone Number: ___________________________________________________________________

Faculty Member #1 (print): ______________________________________________________

Title: _______________________________________________________________________

Signature: ___________________________________________________________________

Email Address/Phone Number: ___________________________________________________________________

Faculty Member #2 (print): ______________________________________________________

Title: _______________________________________________________________________

Signature: ___________________________________________________________________

Email Address/Phone Number: ___________________________________________________________________
PART 3. Description of Final Project

Attach a description of your Final Project before submitting this form to your ICRE advisor. Your description should be 1-2 pages in length and include the following information:

- Introduction/Background;
- Aims;
- Research Questions/ Brief Methods

PART 4. Approval of the ICRE Advisor

Advisor Comments:

___________________________________________________   _______________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

Signature of ICRE Academic Advisor  Date