



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

(Insert Name)

PhorCAS ID

Supplemental Application

Upload any research project(s) in progress or completed using the template below. These project(s) should be limited to research completed during pharmacy school. Please upload this supplemental document with your completed application in PhorCAS.

Project Title:

Role: *Briefly describe your role on the project (max 50 words)*

Primary Outcome(s): *(max 50 words)*

Summary: *Give a brief summary of the project, methods, patient population, etc. (max 200 words)*

Results: *Briefly summarize the results, if available, of your project (max 100 words)*

Status: *In progress, complete, published (date/journal); presented as oral/poster (year and location)*