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<b>USER INFORMATION:</b>	
Full Name:	Kathleen A Iles, MD
Position/Title:	General Surgery Resident Physician, PGY-3
Institution/Organization:	University of North Carolina Hospitals
Mailing Address:	101 Manning Drive, Chapel Hill, NC 27514
Telephone:	315-415-9032
Email:	kathleen.iles@unchealth.unc.edu
Type of organization:	<input type="checkbox"/> For-profit <input checked="" type="checkbox"/> Not-for-profit <input type="checkbox"/> Other, <i>please specify</i> :
<b>INTENDED USE (Select all that apply):</b>	
<input checked="" type="checkbox"/> Reprint	<i>Provide publication details:</i> Journal of Burn Care & Research
<input checked="" type="checkbox"/> Research study/clinical trial	<i>Expected duration of study:</i> Start date _____ End date _____ <i>Describe use in study:</i> Retrospective cohort study examining pre-admission frailty in elderly burn population <i>Is research sponsored or funded by pharma or industry?</i> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <i>If yes, please specify:</i>
<input type="checkbox"/> Routine clinical care	<i>Will the CFS be incorporated into an electronic medical/health record (EMR)?</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, please identify whether an EMR company is involved (e.g., Epic, Meditech):</i>
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Are you planning to translate the CFS? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <i>If yes, specify language(s):</i> <i>We request editable (e.g. MSWord) copies of all translations. We do not independently verify or validate translations.</i>	
Are you planning any commercial development that would incorporate the CFS? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <i>If yes, please specify:</i>	
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Approved by: _____	Date: 2021 JAN 25
Developer or Designated Authority	

<sup>1</sup>A copy of the CFS will be sent to the user upon review and approval of this permission form. Valid only when signed by all parties.