

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Contact Information

Originating Author: \_\_\_\_\_

Contact information for originating author:

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Goals of Request

Intended audience for request:

\_\_\_ Abstract

Name of meeting: \_\_\_\_\_

Date of Meeting \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Meeting: \_\_\_\_\_

Abstract Deadline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_ Journal Publication

Name of journal: \_\_\_\_\_

Expected Date of First Draft: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expected Date of Completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Information Regarding Request**

**Title of Presentation:** \_\_\_\_\_

**Goal of Presentation (e.g., hypotheses to be tested):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dataset required to complete request:**

\_\_\_\_\_  
\_\_\_\_\_

**Time Points:** \_\_\_\_\_

**Measures:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Analytical Methods:**

\_\_\_\_\_  
\_\_\_\_\_

**Please specify which tests are applied to which variables at which time points:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SEQUENCED TREATMENT ALTERNATIVES TO RELIEVE DEPRESSION

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**Abstract:** Please attach a one-page abstract with the following addressing each of the following: **Background and Rationale, Methods, Expected Conclusions.**

*Background and Rationale:*

*Methods:*

*Expected Conclusions:*

## SEQUENCED TREATMENT ALTERNATIVES TO RELIEVE DEPRESSION

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**STAR\*D Executive Committee Use Only**

Approved       Revisions required       Rejected

Date:    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_