

LIBERATION Study Application form for secondary data analysis

Submission Date (Month/Day/Year) : / /

Name of the hospital : _____

Name of the ICU/department : _____

Name of the chief investigator : _____

Name of the applicant : _____

E-mail : _____

Study Summary

	Description	Additional information
Title of the analysis		
Study design		
Hypotheses		
Objective/aim		
Summary of the study and analysis		
Patient/Population		
Intervention/Exposure		
Comparison		

Outcome	Primary outcomes : Secondary outcomes :	
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