Qualifying Medical Conditions for Medical Marijuana Chapter 20 Research Application

Applications may only be submitted by Certified Medical Marijuana Academic Clinical Research Centers (ACRC). Any applications submitted by an entity that is not a certified ACRC will not be considered.

Primary Investigator Information

Full Name: _____
Last   *First*   *M.I.*

Address: _____
Street Address   *Apartment/Unit #*

_____
City   *State*   *ZIP Code*

Phone: _____ Email: _____

Research Condition Request

Name of Medical Condition: _____

Has this condition been approved in any other state?   YES ☐   NO ☐   If yes, where? _____

Research question/hypotheses intended to be studied and study design/methods:

Study population intended, including rationale and whether the pediatric population is included:

Rationale for choosing this condition for research, including current research evidence (use the documentation section to provide references):

Every study is expected to evaluate risk vs. benefit of medical marijuana use to treat the approved condition. Describe how medical marijuana is anticipated to improve the condition for which this application is being submitted:

Documentation (clinical, medical, or scientific data) Supporting Efficacy of Medical Marijuana as Treatment for Condition

Citation:

University/
Publisher:

Summary:

*Attach additional citation separately in mirrored form.