

**PM FORM 8.5.1
MEDICAL CARE EVALUATION (MCE) STUDY
REQUEST FOR REGISTRATION**

RBHA/TRBHA Review:

Will the proposed study serve to identify and analyze medical or administrative factors related to patient care?

Yes No

Does the proposed MCE study use a sound study methodology?

Yes No

Is the proposed MCE study approved by the T/RBHA?

Yes No

Approved by T/RBHA QM/UR Committee:

(List names of committee members)

Date: _____

Approved by T/RBHA Medical Director: _____

Date: _____

Not approved. Additional Information needed:

