**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： |  |