



**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:

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