Turn a Theory into a Responsible Research Roadmap

A public blueprint for safer, clearer, institution-ready ideas

What this guide is

This is a starting framework for people who have a testable idea and want qualified researchers to evaluate it. It is not an approved protocol, a substitute for a university, permission to experiment on people, medical advice, or a guarantee of publication, funding, partnership, or promotion.

The roadmap

1. State the idea without selling the answer

Write one sentence in this form:

> **Under [defined condition], does [defined intervention or exposure] change [one primary measurable outcome] compared with [baseline or comparison] in [defined population]?**

List what evidence would count against the idea. A study that cannot fail is not a useful test.

2. Separate observation, research, and product claims

- **Observation:** something happened or appears interesting.
- **Research question:** a structured test could distinguish competing explanations.
- **Commercial claim:** a product or service reliably provides a benefit.

Do not jump from a personal story to a medical, safety, or performance promise.

3. Find the correct professional owner

Identify the discipline that can responsibly evaluate the question: clinical nutrition, medicine, toxicology, biomechanics, psychology, engineering, statistics, public health, or another field. Ask for criticism and routing before asking for endorsement.

4. Build Phase 1 - planning, not participant testing

A qualified team should review the literature; define the population, intervention, comparison, endpoints, exclusions, and stopping rules; plan statistics and data handling; identify regulatory and ethics requirements; and produce a written scope, timeline, and budget.

5. Obtain institutional review before human intervention

Research involving people may require an institutional sponsor, principal investigator, ethics or IRB review, consent, privacy protections, safety monitoring, insurance, contracts, and regulatory review. Do not recruit, intervene, or collect research health data until the responsible institution authorizes the work.

6. Fund one defined deliverable at a time

First fund the planning work. Then use its approved design and real budget to seek money for the pilot. Tell supporters exactly what their money buys and what happens if the study changes or does not proceed.

7. Run the approved pilot and report failure honestly

Follow the locked protocol, document deviations and adverse events, protect privacy, analyze results as planned, and publish or disclose negative and inconclusive results as honestly as positive ones.

8. Decide what comes next

Advance, redesign, replicate, pause, or stop. A defensible decision is progress even when the original theory is wrong.

Concise pitch to Art of Survival

Use this format:

> **I propose studying whether [intervention/exposure] changes [primary outcome] in [population/setting]. The strongest reason it might work is [evidence]. The strongest reason it might fail or cause harm is [risk/alternative explanation]. The qualified discipline or institution needed is [owner]. The smallest responsible first step is [planning deliverable or low-risk study]. I am seeking [critique, referral, collaboration, sponsorship, or possible cross-promotion]. Public link: [optional].**

Art of Survival may privately review a submission. Submission creates no confidential relationship, scientific partnership, promise of funding, publication, website linking, or cross-promotion. Never submit medical records, trade secrets, controlled information, allegations, or identifying details about another person through a public form.

Master prompt for an AI assistant

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Copy the prompt below into the agentic tool, LLM, or chatbot of your choice and replace every bracketed field.

You are helping me convert an early idea into a responsible, falsifiable research roadmap. Do not assume the idea is
correct. Do not invent sources, credentials, institutional partners, approvals, budgets, or results. Clearly label
facts, hypotheses, assumptions, inferences, and unknowns. Use current primary or official sources when research is
requested, provide links, and flag evidence you cannot verify.
My idea: [IDEA]
The problem it may address: [PROBLEM]
Proposed intervention or exposure: [INTERVENTION]
Proposed population or setting: [POPULATION]
Outcomes I think matter: [OUTCOMES]
Known risks or ethical concerns: [RISKS]
My relevant experience and conflicts of interest: [EXPERIENCE AND CONFLICTS]
Commercial product or public-interest use, if any: [PRODUCT OR USE]
Available money, equipment, data, and collaborators: [RESOURCES]
Location and legal entity, if relevant: [LOCATION AND ENTITY]
Produce:
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1. A one-sentence neutral research question using population, intervention/exposure, comparison, and primary outcome.
2. The strongest plausible rationale and the strongest competing explanations.
3. Evidence that would falsify or materially weaken the idea.
4. A risk screen covering medical, ethical, privacy, legal, regulatory, financial, reputational, and conflicts-of-interest issues.
5. The professional disciplines and institutional owner required.
6. A Phase 1 planning scope with deliverables, decision gates, and explicit exclusions. Phase 1 must not include unapproved human intervention.
7. Two or three candidate Phase 2 pilot designs, ordered from lowest risk and cost to highest, without writing operational instructions for dangerous conduct.

8. Candidate primary and secondary outcomes, measurement limitations, confounders, and a statistician's open questions.
9. A preliminary budget framework whose figures are clearly marked as placeholders until an institution quotes the work.
10. Funding routes separated into company-funded, institutional, philanthropic, crowdfunding, state, federal investigator-led, and SBIR/STTR pathways. Explain eligibility gaps instead of claiming a match.
11. A commercialization analysis that distinguishes an interesting study from a defined product or service.
12. A one-page investigator brief, a 150-word outreach email, a 50-word public description, and a concise pitch using the Art of Survival format.
13. A checklist of facts I must verify and questions that require a licensed or institutionally authorized professional.
14. A final recommendation: advance, redesign, hold, or stop, with reasons and the next three actions.

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Safety rules: Do not provide instructions for self-experimentation, severe food restriction, poisoning, weapon use,
drowning, electrical or chemical exposure, evading medical care, or bypassing ethics or regulatory review. If the
idea involves people, require qualified institutional leadership and all applicable approvals before recruitment,
intervention, or research data collection. If the idea involves urgent health symptoms, direct the person to
appropriate medical care rather than treating the project as care.
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A clean submission is more useful than a dramatic one

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The best pitch is narrow, honest about uncertainty, explicit about risk, and easy for a qualified person to accept,
redirect, redesign, or decline.
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Submit ideas for moderated review at art-of-survival.com/pages/fast-study?view=ideas-collaboration