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| Initial Request for CRC Services  **Protocol Title**    **IRB ID**: H (if approved)  ***Clinical Research Center***  **Research Nurse Manager**  Celia Hartigan, RN, MPH  **Research Nurse Coordinators**  Carol Ciccarelli, RN  Karen Gallagher-Dorval, RN, BSN  **Administrative Assistant**  Mary McNamara  **Study Nickname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Principal Investigator**  Name:  Dept:  Room # (for mail):  Email:  Phone:  **Study Coordinator**  Name:  Title:  Room # (for mail):  Email:  Phone:  **Financial Contact** (for invoices)  Name:  Room # (for mail):  Email:  Phone:  **Administrative Contact** (for PI signatures)  Name:  Room # (for mail):  Email:  Phone:  **Funding Sources**  Federal  Foundation, other non-profit  Departmental  Industry  Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CRC Resources Requested** (Check all that apply)  Full Study Coordination (includes nursing procedures)  Nursing Procedures Only (i.e. infusions, blood draws, EKGs, etc)  Lab Processing/Shipping (Central Lab)  Regulatory Assistance  Data Entry  Room Only (no CRC staff)  EKG Machine (with or without CRC staff)  Investigational Drug Services (contact directly: [ids@umassmemorial.org](mailto:ids@umassmemorial.org))  Clinical Lab  Freezer Space  Dry Ice  **Subject Population and Timeline**  Number of Subjects:  Age Range of Subjects:  Adults > 18 years  Children (Ages )  Number of Visits:  Duration of Study:  Length of Enrollment:  **Please submit the following documents with initial request:**  Protocol **(Required)**  Investigator Brochure (if available/applicable)  Manual of Operations/Study Manual (if available/applicable)  Lab Manual (if available/applicable)  IRB Approval Letter (if available) |
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