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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) [ ]  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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