TRAcs - Menu

Below is a list of the options available in the UMCCTS TRAcs along with the files to be uploaded and required information. <u>Files without notations or information listed without notations are required</u>. Notations: (opt) = optional; (if applic) = if applicable

"Pass through" means that UMCCTS staff will forward the request to the appropriate service provider.

Some selected options will direct the user to the affiliated web pages to make their request.

COVID FastTracs – If you have an incomplete submission related to COVID-19 research, you can use the option for COVID-19 FastTracs. This option allows you to upload a number of files, without requiring all the files. The request will not be competed until all the files are available, but the OCR staff will be able to start the process, to the best of their ability, given the available documents.

| TRAcs option | Documents to Upload / Required information | Service Provider Responsible |
|---|---|--|
| Protocol Start Up or Implementation | | |
| Biorepository & Tissue bank Obtain samples from the Biorepository/Tissue Bank Provide samples to the Biorepository/Tissue Bank Letter of support Consultation Request a quote Other Clinical Research Center Clinical (blood draws, blood pressure etc.) Space (clinic rooms, freezer storage, etc) Data management (entry, etc) Full study coordination Update to an existing service agreement Other Not sure, want to ask a question | Protocol or study plan Informed consent form Investigator Brochure (opt) Lab manual (opt) | Biorepository & Tissue bank staff Email notification to core by TRAcs Administration CRC staff |
| Regulatory services | | |
| Office of Clinical Research (OCR) : Contracts & Budgeting / Revise OnCore Information / EPIC Research Access | Space for additional document (opt) | |
| Have/want a new Data Use Agreement (DUA) | Email requesting contract agreement IRB approval letter Draft DUA (if applic, required) | OCR - Research Compliance Contracts |
| Have/want a new Confidentiality Disclosure Agreement (CDA) or Non-Disclosure Agreement (NDA) | Confidentiality Disclosure Agreement (CDA) (if applic) Email from sponsor (opt) | OCR - Research Compliance Contracts |

| Acs | option | Documents to Upload / Required information | Service Provide Responsible |
|-----|---|--|-----------------------------|
| • | Have/want a new Clinical Trial Agreement (CTA) | Protocol or study plan | OCR – Preaward |
| | , | Informed consent form | OCR - Research |
| | | Sponsor budget | Compliance |
| | | NCT number | Contracts |
| | | IDS Pharmacy Budget | |
| | | Draft Clinical Trial Agreement | |
| | | CRC service agreement (if applic) | |
| | | Proposal Routing Form | |
| | | Investigator Brochure (opt) | |
| | | Lab manual (opt) | |
| | | Email from sponsor (if applic) | |
| | | IND or IDE Waiver (if applic) | |
| • | Have a newly awarded clinical research grant | Protocol or study plan | OCR - Preawar |
| | | Informed consent form | |
| | | NCT number | |
| | | Notice of Grant Award | |
| | | Budget template or with schedule of | |
| | | events or schedule of events | |
| | | PIN Report (account number) | |
| | | IND or IDE Waiver (if applic) | |
| | | Investigator Brochure (opt) | |
| | | Lab manual (opt) | |
| • | Have/want a new federally-funded cooperative | Protocol or study plan | OCR - Preawar |
| | group trial | Informed consent form | |
| | | Master/ Clinical Trial Agreement(s) | |
| | | Study fund sheet | |
| | | NCT number | |
| | | National coverage analysis (opt) | |
| | | IND or IDE Waiver (if applic) | |
| | | CRC service agreement (if applic) | |
| | | Proposal Routing Form or PIN Report | |
| | Have a new internally funded clinical research total | (account number) (if needed) | OCR - Preawar |
| • | Have a new internally-funded clinical research trial | Protocol or study plan Informed consent form | OCK - Preawar |
| | | Budget template/schedule of events | |
| | | NCT number | |
| | | Account number for invoices | |
| | | IND or IDE Waiver (if applic) | |
| | | CRC service agreement (if applic) | |
| • | Have a protocol or contract amendment | Protocol/calendar - tracked | OCR - Preawar |
| | have a protocor or contract amendment | Budget/contract – tracked | JCK Freawait |
| • | Need to revise/correct OnCore information | Protocol/calendar - tracked | OCR - Preawar |
| • | need to revise/correct officire information | Budget/contract - tracked | JCK Freawait |
| | | Daaber contract tracked | |
| | Would like to obtain a Certificate of Confidentiality | IRR Annroyal letter | OCR - Preswar |
| • | Would like to obtain a Certificate of Confidentiality | IRB Approval letter Informed consent form | OCR - Preaward |

| TRAcs option | Documents to Upload / Required information | Service Provider Responsible |
|---|---|--|
| Want to submit a clinical research account closure request | Account closure form (opt) Reconciliation/tracking in any format Sponsor payment history (opt) PeopleSoft Reports/Summit Screen | OCR - Preaward |
| Need review/processing an Institutional Prior Approval (IPA) for a change in budget | IPA form | OCR - Preaward |
| Need help with the Conquering Diseases clinical study opportunities portal | | TRAcs Navigator |
| Need new user access for Epic | | OCR - Postaward |
| Don't know/ I want to ask a question | Space for additional document (opt) | TRAcs Navigator |
| Investigational Drug Services Pricing for clinical trial support services Set up to dispense drugs for a clinical study Assistance with obtaining or renewing a Massachusetts Controlled Substances Registration (MCSR) for clinical research | Protocol or study plan Informed consent form Pharmacy manual (opt) Investigator Brochure (opt) | IDS Staff |
| IRB consult or question Extramural Institutional Certification IRB question / consult | | TRAcs Administration |
| Clinical Trials.gov assistance I need an account for myself I need an account for someone else I need help with entry / maintenance / navigation Assistance determining whether an NCT number is required for my study Other | | OCR - Research Compliance Contracts |
| Protocol Review Committee | Protocol or study plan Informed consent form Feasibility checklist | TRAcs Navigato |
| Recruitment Resources | | |
| Connect to Conquering Diseases or ResearchMatch research volunteer registry members about participation in a study • Access to volunteer registry for recruitment | | TRAcs Navigator |
| Community Engagement | | Directed to Community Engagement forms Email confirmation by TRAcs Administration |

| TRAcs option | Documents to Upload / Required | Service Provider |
|--|--------------------------------|--------------------|
| | information | Responsible |
| Informatics (Data Lake, TriNetx, Cohort Identification) | | Directed to |
| Obtain data for research | | appropriate IT |
| Request a consultation | | forms |
| Request a TriNetX account | | |
| | | Email |
| | | confirmation by |
| | | TRAcs |
| Later and the Control of the December 1 | | Administration |
| Interpreter or Translation Services for Research | | TRAcs Navigator |
| Over the phone interpreter services | | |
| Video interpreter services | | |
| In-person interpreter services | | |
| • Translation services | | TD A so Noviseator |
| Research Navigator Service (consult) | | TRAcs Navigator |
| Consult with the Navigator | | |
| Access to volunteer registry for recruitment Information objects the Trial language of Network | | |
| Information about the Trial Innovation Network (TIN) information and recognized for moulti-gite. | | |
| (TIN) infrastructure and resources for multi-site trials | | |
| | | |
| I'm not sure, I want to ask a question | | |
| | | |
| | | |
| | | |
| Other Services or Requests | | |
| Bioinformatics | | Email |
| | | notification to |
| | | Bioinformatics |
| | | by TRAcs |
| | | Administration |
| CCTS Membership | | TRAcs |
| | | Administration |
| Education / Training / CRPG | | CCTS Educator |
| I would like to take a Study Coordinator course | | |
| I would like to request individual Education or | | |
| Training for me or my team (describe below) | | |
| Include me on the Clinical Research Professional | | |
| Group (CRPG) email list | | |
| Funding | | CCTS |
| Interested in learning about UMCCTS funding | | Administration |
| opportunities | | |
| Interested in collaborating on UMCCTS pilot grant | | |
| Interested in other UMass funding opportunities | | |
| Interested in external funding opportunities | | |
| Other | | |
| Library Services | | Directed to |
| | | library forms |

| May 11, 2020 TRAcs option | Documents to Upload / Required | Service Provider |
|--|--------------------------------|---|
| | information | Responsible |
| Massachusetts Medical Device Development Center (M2D2) I am interested in M2D2 funding opportunities I am interested in M2D2 educational events I am interested in talking about renting M2D2 space I am interested in learning about M2D2 resources and services | | CCTS Administration |
| Other | | |
| Quantitative Methods Core | | Directed to QMC forms Email confirmation by TRAcs Administration |
| Small Molecule Screening Facility SMSF Equipment use Design of screening assays Letter of support Consultation Request a quote Other | Draft letter of support (opt) | Ann Han or Margaret McManus – pass through to SMSF |
| Science Participation Research Center (SPRC) | | SPRC staff Email notification to SPRC by TRAcs Administration |
| Study Audit (Internal, QA) | | CCTS Educator |
| Umbilical Cord Blood Core | | Cord Blood Core staff Email notification to core by TRAcs Administration |
| Miscellaneous Study Conduct (e.g. lab certs, MCSR, etc) I would like to a copy of the lab certifications I would like information about MCSR (Massachusetts Controlled Substances Registration) Add sponsor to eIRB and /or OnCore Other I can't find what I need | | TRAcs Navigator TRAcs Navigator |

For more information:

Any questions can be directed to Clinical Research Navigator ann.han@umassmed.edu who will be happy to assist you.

Questions related to OCR can be directed to: clinicalresearch@umassmed.edu