

## APPENDIX A

(CRC Resource Request - complete only if requesting CRC resources)

SECTION 1 – GENERAL STUDY INFORMATION			
1.0	Date:		
1.1	Name of Principal Investigator (PI):		
1.2	Complete Project Title:		
1.3	Type of research study: <input type="checkbox"/> investigator-initiated <input type="checkbox"/> industry-initiated <input type="checkbox"/> Other (specify):		
1.4	Estimate total # of subjects that you are requesting CRC provide resources for:		
1.5	Estimate total time (e.g., # years) to recruit all subjects that CRC would provide resources for:		
SECTION 2- FUNDING SOURCES, APPLICATION METHOD, SCIENTIFIC REVIEW STATUS			
2.0	Indicate all funding sources for this project. [Please note, if this project is part of a Center Grant/Program Project Grant/Co-operative Agreement (or if you are the Program Director for any of those), please indicate <b>only</b> those costs associated with this particular project, <b>not</b> the entire grant].		
	<b>FUNDING STATUS</b>	<b>Funding Source 1</b>	<b>Funding Source 2</b>
		<input type="checkbox"/> Funded <input type="checkbox"/> Under Review	<input type="checkbox"/> Funded <input type="checkbox"/> Under Review
	<b>Funding Source 3</b>	<input type="checkbox"/> Funded <input type="checkbox"/> Under Review	<input type="checkbox"/> Funded <input type="checkbox"/> Under Review
	<b>Full Name of Funding Agency or Source</b> (e.g., NIH, Pharma, Internal Funds, Departmental Funds):		
	<b>Total Funds available or expected</b> (If Grant: total award, direct/indirect):		
2.1	<p>Select one option below to apply for CRC resources. See <a href="#">CRC website</a> for application instructions and list of documents to submit to CRC:</p> <p><input type="checkbox"/> <b>Option #1: Partial funding available (Scientific Advisory Committee).</b> For partially-funded projects, the CRC Scientific Advisory Committee (SAC) will review the project and resource request. SAC meets the 3<sup>rd</sup> Thursday of every month and application documents should be available to CRC by the first day of the month. Generally investigators are expected to pay the full cost of CRC resources requested. Consideration of reduced costs will occur when a funding notice is reduced in amount or for some pilot studies (e.g., new investigators on departmental funds). Typically, investigators applying under this option are requesting “in-kind” CRC services.</p> <p><input type="checkbox"/> <b>Option #2: Full funding available (Service Center).</b> For investigators who can pay 100% of the cost of the requested service (i.e., CRC resources will be used as a purchased service), CRC may provide resources on a fee-for-service basis. Clinical Research Service Center (CRSC) Committee reviews these resource requests and meets the 2<sup>nd</sup> Wednesday of every month and application documents should be available to CRC by the first day of the month. Typically, this option #2 is used by investigators conducting Industry-sponsored studies, or investigators who have funding source(s) that cover the full cost of the resources requested.</p>		
2.2	<p>Indicate Scientific Review status of this project (all studies utilizing CRC resources require scientific review):</p> <p><input type="checkbox"/> <b>Scientific review already occurred by</b> (insert name of entity that performed the review). If scientific review of the project already occurred (e.g., by a foundation; major funding agency, such as NIH; FDA), projects submitted under Option #1 typically will undergo review by SAC for <i>approval of resource allocation only</i> (i.e., not <i>scientific review</i>); this may apply, for example, to an NIH-funded project that was partially-funded. Projects submitted under Option #2 (in section 2.1 above) will undergo review by CRSC Committee Chair and CRC Core Directors for <i>approval of resource use only</i>. <b>SAC reserves the right to conduct or request additional scientific review of any projects submitted under Option #1 or #2 (in section 2.1 above).</b></p> <p><input type="checkbox"/> <b>No previous Scientific Review.</b> For projects submitted under Option #1 (in section 2.1 above), the project will undergo SAC scientific review for approval of the science and resource allocation; this generally applies to pilot studies, junior investigators, and unfunded proposals. For projects submitted under Option #2 (in section 2.1 above), the study must have undergone a scientific review by some entity (e.g., the IRB’s Scientific Review Committee; FDA) to utilize CRC resources; for exempt and expedited studies, the CRC will accept the scientific review by the assigned IRB reviewer as described in HSPP policy titled: <i>Scientific Review (Policy# 2011.016.0)</i> - SAC will <i>not</i> conduct the scientific review.</p>		

## SECTION 3 – CRC RESOURCES

**3.0 Please provide justification for requesting CRC resources.** **Directions:** If applying for partial support, provide information on requested items that your grant will cover as related to the CRC services requested.  
**Answer here:**

**3.1 Please select requested CRC resources.** **Directions:** Specify below which CRC services are requested for this research study. Choose option A or B for each resource. This information is needed by the CRC Scientific Advisory Committee or CRSC Committee to evaluate the request (and by CRC staff to implement the request, once approved). **If a project is complex in nature, consult with CRC personnel below prior to submission. CRC personnel are also available to provide cost estimates, as requested.** Applicants using Option #2 in section 2.1 should select “B” for all services requested.

### CLINICAL CORE / STUDY COORDINATION

(Contact: Elizabeth Laska, 679-1707, [laska@uchc.edu](mailto:laska@uchc.edu))

<b>A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	CRC Resource
<input type="checkbox"/> *	<input type="checkbox"/>	Screening / Recruitment
<input type="checkbox"/> *	<input type="checkbox"/>	Informed Consent Process
<input type="checkbox"/> *	<input type="checkbox"/>	Study Visits
<input type="checkbox"/> *	<input type="checkbox"/>	Phlebotomy/Specimen Collection
<input type="checkbox"/> *	<input type="checkbox"/>	Study Medication Administration (e.g., PO, IV, etc.)
<input type="checkbox"/> *	<input type="checkbox"/>	Study Coordination
<input type="checkbox"/> *	<input type="checkbox"/>	IRB Submission(s) ( <i>assistance with preparing IRB submissions</i> )
<input type="checkbox"/> *	<input type="checkbox"/>	Regulatory Binder creation/maintenance
<input type="checkbox"/> *	<input type="checkbox"/>	SAE/AE tracking and reporting
<input type="checkbox"/> *	<input type="checkbox"/>	Research record chart assembly and maintenance
<input type="checkbox"/> *	<input type="checkbox"/>	Case Report Form (CRF) Design (for paper forms or REDCap)
<input type="checkbox"/> *	<input type="checkbox"/>	Medical Exam Room Use
<input type="checkbox"/> *	<input type="checkbox"/>	Dental Operatory Use
<input type="checkbox"/> *	<input type="checkbox"/>	<b>Registered Nurse</b> - enter approx. hours/week (or % effort, if known):
<input type="checkbox"/> *	<input type="checkbox"/>	<b>Research Assistant</b> - enter approx. hours/week (or % effort):
<input type="checkbox"/> *	<input type="checkbox"/>	<b>Dental Assistant</b> - enter approx. hours/week (or % effort):
<input type="checkbox"/> *	<input type="checkbox"/>	Other ( <i>specify</i> ):

\*If Column A is selected for any Clinical Core resources, please provide any additional clarifying comments that would assist CRC in review of this application (i.e., what % of the resources selected may be paid for by the applicant):

### INFORMATICS

(Contact Robert Piangozza, 679-2623, [piangozza@uchc.edu](mailto:piangozza@uchc.edu))

<b>A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	CRC Resource
<input type="checkbox"/> *	<input type="checkbox"/>	REDCap Training and Consulting
<input type="checkbox"/> *	<input type="checkbox"/>	Double Data Entry ( <i>REDCap only</i> )

\*If Column A is selected for any Informatics resources, please provide any additional clarifying comments that would assist CRC in review of this application (i.e., what % of the resources selected may be paid for by the applicant):

**CORE LABORATORY**  
(Contact Pam Fall, 679-3681, [fall@uchc.edu](mailto:fall@uchc.edu))

<b>A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	<b>CRC Resource</b>
<input type="checkbox"/> *	<input type="checkbox"/>	Sample Processing
<input type="checkbox"/> *	<input type="checkbox"/>	Sample Shipping
<input type="checkbox"/> *	<input type="checkbox"/>	Specimen Storage - <i>fee will apply after study is closed in CRC</i>

**Core Lab Tests/Assays** – See Core Lab [webpage](#) for list of available tests/assays. If you wish to have CRC perform tests/assays, please indicate below which tests/assays and the number of tests/assays. For each test/assay, select option A or B to indicate: 1) how the cost of labor will be covered; and 2) how the cost of kits and/or supplies will be covered.

<b>CRC Core Lab Tests / Assays</b>	<b>Total Number of Tests / Assays</b>	<b>Labor A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>Labor B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	<b>Kits/Supplies A (CRC):</b> PI requests CRC purchase kits/supplies & PI requests <b>CRC cover</b> some or all of the cost	<b>Kits/Supplies B (PI):</b> PI will provide kits/supplies OR PI requests CRC purchase them on behalf of PI (i.e., <b>PI will pay</b> for the full cost of the kits/supplies)
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
		<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>

(insert additional rows, if needed)

**\*If Column A is selected for any Core Laboratory resources**, please provide any additional clarifying comments that would assist CRC in review of this application (i.e., what % of the resources selected may be paid for by the applicant):

**DEXA SCAN / BODY COMPOSITION STUDIES**  
(Contact Linda Thompson, 679-2673, [lthompson@uchc.edu](mailto:lthompson@uchc.edu))

<b>A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	<b>CRC Resource</b>
<input type="checkbox"/> *	<input type="checkbox"/>	DEXA Scan - <i>specify body area (e.g., total body, wrist, hip, spine, other) here:</i> _____
<input type="checkbox"/> *	<input type="checkbox"/>	Heel Ultrasound for bone density screening
<input type="checkbox"/> *	<input type="checkbox"/>	Bio Electrical Impedance Analysis (BIA) for fluid/body composition

**\*If Column A is selected for any DEXA Scan/Body Composition resources**, please provide any additional clarifying comments that would assist CRC in review of this application (i.e., what % of the resources selected may be paid for by the applicant):

## ADMINISTRATION AND FINANCIAL MANAGEMENT

(Contact Pam Fall, 679-3681, [fall@uchc.edu](mailto:fall@uchc.edu))

<b>A (CRC):</b> PI requests CRC perform this service & PI requests <b>CRC cover</b> some or all of the cost of this service	<b>B (PI):</b> PI requests CRC perform this service & <b>PI will pay</b> for the full cost of this service	<b>CRC Resource</b>
n/a	<input type="checkbox"/>	Subject Payment Processing ( <i>investigator's funding source must cover the actual cost of subject payments</i> )
n/a	<input type="checkbox"/>	Meal Pass Processing ( <i>investigator's funding source must cover the actual cost of meal passes</i> )
<input type="checkbox"/> *	<input type="checkbox"/>	Other ( <i>specify</i> ):

**\*If Column A is selected for any Administration and Financial Management resources**, please provide any additional clarifying comments that would assist CRC in review of this application (i.e., what % of the resources selected may be paid for by the applicant):

### PHARMACY (Contact Jennifer Czerwinski, 860-679-8707, [jczerwinski@uchc.edu](mailto:jczerwinski@uchc.edu))

If you plan to use UConn Health Investigational Drug Services for this project, please check below so CRC is aware. **You must contact Ms. Czerwinski directly to obtain approval for use of that resource** (*CRC no longer processes/reviews Pharmacy resource requests*):  Drug Accountability  Randomization  Drug/Placebo Preparation  Other

### BIOSTATISTICS (Contact James Grady, 860-679-2653, [jgrady@uchc.edu](mailto:jgrady@uchc.edu))

If you plan to use Biostatistical Services for this project, please check below so CRC is aware. **You must contact Dr. Grady directly to obtain approval for use of that resource** (*CRC no longer processes/reviews Biostatistics resource requests*):  Study Design and Analytical Methods  Power Analysis  Data Analysis  Consultation/Other

## SECTION 4 – ADDITIONAL INFORMATION

**If you wish to provide additional comments regarding this application, please do so here:**

*Note: For applications submitted under Option #1 (partial funding available), CRC may request an explanation of what % of the CRC services will be paid for by the applicant. For Option #2, all selected resources are to be paid for in-full by the applicant.*

Please see [CRC website](#) for instructions on how to initiate this application/request for CRC resources. Contact Ms. Lisa Godin (CRC Administrative Program Coordinator) at x4145 with any questions.