

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

### SECTION 1 - GENERAL STUDY INFORMATION

1.0 Date:

1.1 Name of Principal Investigator (PI) and Credentials:

1.2 Department and Mail Code:

1.3 Study Coordinator(s):

1.4 For the individual(s) named as Study Coordinator(s) on this application, is this the first time s/he will be a study coordinator on a project utilizing the CRC?      Yes      No      If yes, a CRC staff member will contact the study coordinator(s) to schedule a CRC orientation meeting.

1.5 Complete Project Title:

1.6 Short Title (Acronym):

1.7 This service request is (select all that apply):

To support a grant submission  
For an industry-sponsored project

For an already funded grant project  
For an internally supported project

1.8 Institutional Review Board (IRB) Status:

Pending IRB Submission

Pending IRB Approval

IRB Approved    IRB Approval #:

IRB Approval Date:

Expiration Date:

IRB Review Type:

IRB of record:

1.9 Estimate total # of subjects that you are requesting CRC provide resources for:

1.10 Estimate total time (e.g., # years) to recruit all subjects that CRC would provide resources for:

### SECTION 2 - FUNDING SOURCES & CONTRACT STATUS

2.0 Indicate all funding sources for this project.

	Funding Source 1	Funding Source 2
<b>FUNDING STATUS</b>	Funded Under Review	Funded Under Review
<b>Full Name of Funding Agency or Source</b> (e.g., NIH, Industry, Internal Funds, Department Funds):		
<b>Contract Status for industry-sponsored studies</b>	Pending Fully Executed Contract	N/A

2.1 **The CRC provides Resources on a fee-for-service basis.** The Clinical Research Service Center (CRSC) Committee reviews these resource requests and meets on the 2nd Wednesday of every month. Application documents should be submitted to the CRC by the first day of the month.

Consideration of cost sharing may occur when a grant-funded study is reduced in amount or for selected investigator-initiated studies.

Industry-sponsored studies are required to pay 100% of the cost of the requested service(s).

See [CRC website](#) for application instructions and list of documents to submit to CRC.

**SECTION 3 - CRC RESOURCES**

**3.0 Please provide justification for requesting CRC resources.**

**3.1 Please select requested CRC resources. Directions:** Specify below which CRC services are requested for this research study. This information is needed by the 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.**

<b>CLINICAL CORE</b> (Contact: Elizabeth Laska, 860-679-1707, <a href="mailto:laska@uchc.edu">laska@uchc.edu</a> )	
Resources available on a fee-for-service basis	CRC Resource
	Screening / Recruitment
	Informed Consent Process
	Conduct Study Visits
	Phlebotomy/Specimen Collection
	Study Medication Administration (e.g., PO, IV, etc.)
	Study Coordination (% FTE will be directly coded to funding source)
	IRB Submissions (assistance with preparing the IRB submission)
	Regulatory Binder creation/maintenance
	Regulatory Consultation (IND or IDE Consultation, DSMP Drafting, Consultation or Review)
	SAE/AE tracking and reporting
	Research record chart assembly and maintenance
	Assistance with Case Report Form (CRF) Design
	Assistance with the EPIC Research Study Build
	Registered Nurse – <i>enter approx. hours/week (or % effort):</i>
	Research Assistant – <i>enter approx. hours/week (or % effort):</i>
	Dental Assistant – <i>enter approx. hours/week (or % effort):</i>
	Other ( <i>specify</i> ):

## CORE LABORATORY

(Contact: Judy Kalinowski, 860-679-3681, [kalinowski@uchc.edu](mailto:kalinowski@uchc.edu))

Resources available on a fee-for-service basis	CRC Resource
	Sample Processing
	Sample Shipping
	Specimen Storage – <i>fee mayl apply after study is closed in CRC</i>

**Core Lab Tests/Assays** – *If you wish to have CRC perform tests/assays, please indicate below which tests/assays and the number of tests/assays.*

CRC Core Lab Tests / Assays	Total Number of Tests / Assays	Kits/Supplies: PI will provide kits/supplies	Kits/Supplies: PI requests CRC purchase kits/supplies on behalf of PI and PI will cover full cost

## RESEARCH INFORMATICS

(Contact: Melissa Chapps, 860-679-2623, [chapps@uchc.edu](mailto:chapps@uchc.edu))

Resources available on a fee-for-service basis	CRC Resource
	REDCap Training and Consulting
	Double Data Entry
	Other (specify):

## ADMINISTRATION AND FINANCIAL MANAGEMENT

(Contact: Sharon DiMauro, 860-679-1750, [dimauro@uchc.edu](mailto:dimauro@uchc.edu))

	CRC Resource
	Participant Payment Processing ( <i>investigator's funding source must cover the actual cost of subject payments</i> ). <b>No charge for participant payment processing</b>
	Other (specify):

## PHARMACY

(Contact: Jennifer Czerwinski, 860-679-8707, [jczerwinski@uchc.edu](mailto:jczerwinski@uchc.edu)  
and Sylvia Slattery, 860-679-8707, [smslattery@uchc.edu](mailto:smslattery@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 and Ms. Slattery directly to obtain approval for use of that resources.** Click [here](#) for Pharmacy Investigational Drug Services website.

Drug Accountability

Randomization

Drug/Placebo Preparation

Other

## SECTION 4 - ADDITIONAL INFORMATION

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

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 860-679-4145 with any questions.