UCONN HEALTH
LOWELL P. WEICKER JR. CLINICAL RESEARCH CENTER

APPENDIX A

Clinical Research Center (CRC) Resource Request Form
(Complete this form only if you are 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 they 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
FUNDING STATUS	☐ Funded ☐ Under Review	☐ Funded ☐ Under Review
Full Name of Funding Agency or Sponsor		
Contract Status for industry-sponsored studies	☐ Pending ☐ Fully Executed Contract	N/A

2.1 CRC resources are available on a fee-for-service basis. Resource requests are reviewed by the CRC Project Review Team, which meets on the second Wednesday of each month. Application materials must be submitted to the CRC by the first day of the month for review at that month's meeting.

See CRC website for application instructions and list of documents to submit to CRC.

SECTION 3 - CRC RESOURCES

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

CLINICAL CORE (Contact: Elizabeth Laska, 860-679-1707, laska@uchc.edu)	
Resources available on a fee-for-service basis	**CRC Resource**
☐	Screening/Recruitment
☐	Informed Consent Process
☐	Conduct Study Visits
☐	Phlebotomy/Specimen Collection/Point of Care Testing
☐	Study Medication Administration
☐	Study Coordination
☐	Assistance with Preparing IRB Submissions
☐	Regulatory Binder Creation/Maintenance
☐	Regulatory Consultation
☐	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
☐	Research Assistant
☐	Dental Assistant
☐	Other *(specify):*

CORE LABORATORY (Contact: Judy Kalinowski, 860-679-3681, kalinowski@uchc.edu)	
Resources available on a fee-for-service basis	**CRC Resource**
☐	Sample Processing
☐	Sample Shipping
☐	Specimen Storage – *fee may apply after study is closed in CRC*

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
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

RESEARCH INFORMATICS
(Contact: UConn Health REDCap, redcap@uchc.edu)

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

ADMINISTRATION AND FINANCIAL MANAGEMENT
(Contact: Sharon DiMauro, 860-679-1750, dimauro@uchc.edu)

	CRC Resource
☐	Participant Incentive Payment Processing *(investigator's funding source must cover the actual cost of participant incentive payments).* ***There is no charge for this service.***
☐	Other (specify): _____

PHARMACY
(Contact IDS Pharmacy, idspharmacy@uchc.edu)

If you plan to use UConn Health Investigational Drug Services (IDS) for this project, please check below so CRC is aware. You must contact IDS Pharmacy directly. For more information, please visit the IDS website.

☐ Drug Accountability ☐ Randomization ☐ Drug/Placebo Preparation ☐ Other

SECTION 4 - ADDITIONAL INFORMATION

Please use this section if you wish to provide additional comments regarding this application.

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.