Clinical Research Support Fund

Administrative Review (for underfunded federal trials or trials requesting <\$10,000)

		ation Form (v 10/24)				
1. Title & IRB # – (should mo	itch IRB proposal)					
Principal Investigator	Faculty Rank	Department/College	Zip	Phone		
Co. Investigator(a)	Deals	Devertment/Cellege				
Co-Investigator(s)	Rank	Department/College				
Resident/Fellow(s)						
Study Coordinator	Campus Address	Department/College		Phone		
Study Coordinator		Department/College		Phone		
Regulatory Coordinator	Campus Address	Department/College		Phone		
What are you requesting from	hthe CCTR? (check al	l that apply)				
Research Support Fu						
2. Type of Study (check all t	_					
Phase I Phase II Phase III Phase IV						
Multi-center Trial						
Underfunded Federal						
Investigator Initiated (less than \$10,000 per year)						
Other; Describe:	-					
3. Does this require Pharma						
3a. Does this study us						
Yes; IND #: Manufacturer:						
Yes; IND approval pending						
3b. Does this study use an investigational device?						
Yes; IDE #: Manufac						
Yes; IDE approval pending						
4. Is this a human cancer tri	al?					
🗌 No						
Yes, will require oncc	logy SRC approval – \	When approved please subm	nit approval lette	؛r.		

5. Funding Source(s): (check all that apply) PLEASE ATTACH BUDGET SHEETS FROM ALL FUNDING SOURCES							
🗌 NIH	I	Pending	Grant #:				
🗌 Ind	ustry	Pending	Sponsor:	Gran	t #:		
Other – Please describe what extramural grant funding is being provided (include approved funding sheets):							
				с. н.			
	funded; Descr	ibe plan for extramura	al grant funding or potential	funding source	(such as NIH R	FA, etc):	
6. Comple	etion of Clinic	altrials.gov:					
Is this study	y registered?	🗌 YES – Registrati	on #:				
		Pending					
		Not completed,	I understand this will need	to be complete	d to obtain fina	al approval	
		Not required by	/ IRB				
7. Please	answer each	of the following if req	uesting personnel or space	support:			
a. P	Projected Star	t Date:					
b. T	Total # of subj	ects to be recruited:					
c. ⊦	low long will s	study be open?					
d. [Duration of an	individual subject's ir	volvement:				
e. V	Where is the r	esearch occurring?					
8. Budget	request						
IF REQUESTIN	IG FINANCIAL SU	PPORT: complete the budg	get table below. Include all technic a	al & professional f	fees that you would	d like considered.	
Hospital Code	CPT/Pro fee Code				Full Hospital Charge to be		
(8 digit)	(5 digit)	Procedure Descrip	tion (include location of service)	Quantity	written off	Total	

CCTR Clinical Research Support Fund Checklist required for review:
For research projects with a budget less than \$10,000:
Project Summary
Study Protocol (including aims, hypotheses to be tested, rationale, and study methods)
Statistical Plan
IRB Approval
Consent form
Study intake form
Send application and documents to the Clinical Research Support Fund at <u>researchsupportfund@unmc.edu</u> .
For underfunded federal and consortium trials and trials that had funding cuts:
Study Protocol (including aims, hypotheses to be tested, rationale, and study methods)
IRB Approval
Consent form
A letter explaining the gap the funding is intended to fill
If extramural funding was received include a copy of grant budget pages or contract documents
Study intake form
Send application and documents to the Clinical Research Support Fund at researchsupportfund@unmc.edu.
For questions call Serena Gaines 402-559-5417