

Clinical Research Support Fund
Full Review (for investigator-initiated trials)

Application Form (v10/24)

1. Title & IRB # (should match IRB proposal if applicable)

Principal Investigator	Rank (Faculty)	Department/College	Zip	Phone
Co-Investigator(s)				Phone
Resident/Fellow(s)				

Statistician

Study Coordinator	Campus Address	Department/College	Zip	Phone

What are you requesting from the Clinical Research Support Fund? (check all that apply)

- Research Support Funding
- Clinical Research Center Services – Submit [study intake form](#):
 - Outpatient Space: _____
 - IRB Document Preparation: _____
 - Phlebotomy/Processing: _____
 - Research Nurse or Non-Nurse Coordinator Support: _____
 - Other (please specify): _____

2. Type of Study (check all that apply)

- Phase I Phase II Phase III Phase IV Feasibility
- Multi-center Trial
- Investigator Initiated
- Other; Describe: _____

3. Does this require Pharmacy and Therapeutics approval?

3a. Does this study use an investigational new drug?

- No
- Yes; IND #: _____ Manufacturer: _____
- Yes; IND approval pending

3b. Does this study use an investigational device?

- No
- Yes; IDE #: _____ Manufacturer: _____
- Yes; IDE approval pending

CCTR Clinical Research Support Fund Checklist required for review:

- NIH Biosketch
- Project Summary and Research Plan
- Study Protocol (including aims, hypotheses to be tested, rationale, and study methods) and literature cited
- Statistical Analysis Plan (including biostatistician consultant or justification for consult exclusion)
- IRB approval
- Consent form
- 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