**Clinical Research Support Fund**

**Administrative Review**

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| **Application Form (v 10/24)** |
| 1. **Title & IRB # – (*should match IRB proposal)***
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| **Principal Investigator** | **Faculty Rank** | **Department/College** | **Zip**  | **Phone** |
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| **Co-Investigator(s)** | **Rank**  | **Department/College** |  |  |
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| Resident/Fellow(s) |  |  |  |  |
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| **Study Coordinator**  | **Campus Address** | **Department/College** |  | **Phone** |
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| **Regulatory Coordinator** | **Campus Address** | **Department/College** |  | **Phone** |
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| **What are you requesting from the CCTR? (check all that apply)** |
| [ ]  Research Support Funding |
| 1. **Type of Study (check all that apply)**
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| [ ]  Phase I [ ]  Phase II [ ]  Phase III [ ]  Phase IV [ ]  Multi-center Trial[ ]  Underfunded Federal[ ]  Investigator Initiated (less than $10,000 per year)[ ]  Other; Describe: Click here to enter text. |
| 1. **Does this require Pharmacy and Therapeutics approval?**
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| 3a. Does this study use an investigational new drug?[ ]  No[ ]  Yes; IND #: Click here to enter text. Manufacturer: Click here to enter text. [ ]  Yes; IND approval pending |
| 3b. Does this study use an investigational device?[ ]  No[ ]  Yes; IDE #: Click here to enter text. Manufacturer: Click here to enter text. [ ]  Yes; IDE approval pending |
| 1. **Is this a human cancer trial?**
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| [ ]  No[ ]  Yes, will require oncology SRC approval – When approved please submit approval letter. |
| 1. **Funding Source(s): (check all that apply) PLEASE ATTACH BUDGET SHEETS FROM ALL FUNDING SOURCES**
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| [ ]  NIH [ ]  Pending Grant #: Click here to enter text. [ ]  Industry [ ]  Pending Sponsor: Click here to enter text. Grant #: Click here to enter text. [ ]  Other[ ]  Underfunded- Describe what extramural grant funding is being provided (include approved funding sheets) and the need to obtain additional funding: |
| 1. **Completion of Clinicaltrials.gov:**
 |
| Is this study registered? Registration #: Click here to enter text.[ ]  Pending[ ]  Not completed, I understand this will need to be completed to obtain final approval[ ]  Not required by IRB |
| 1. **Please answer each of the following if requesting personnel or space support:**
 |
| a. Projected Start Date: Click here to enter a date.b. Total # of subjects to be recruited: Click here to enter text.c. How long will study be open? Click here to enter text.d. Duration of an individual subject’s involvement: Click here to enter text.e. Where is the research occurring? Click here to enter text. |
| 1. **Budget request**
 |
| Complete the budget table below if requesting financial support. Include all **technical and professional** fees that you would like considered. |
| **Hospital Code****(8 digit)** | **CPT/Pro fee Code****(5 digit)** | **Procedure Description (include location of service)** | **Quantity** | **Full Hospital Charge to be written off** | **Total** |
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| **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](https://www.unmc.edu/cctr/resources/crc/intakeform.html)[ ]  Send application and documents to the Clinical Research Support Fund at researchsupportfund@unmc.edu.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](https://www.unmc.edu/cctr/resources/crc/intakeform.html)[ ]  Send application and documents to the Clinical Research Support Fund at researchsupportfund@unmc.edu.For questions call Serena Gaines 402-559-5417 |