**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)** | | | | | | | | | |
| 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?** | | | | | | | | | |
| 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?** | | | | | | | | | |
| 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** | | | | | | | | | |
| 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](mailto: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](mailto:researchsupportfund@unmc.edu).  For questions call Serena Gaines 402-559-5417 | | | | | | | | | |