**Clinical Research Support Fund**

**Full Review**

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| **Application Form (v10/24)** |
| 1. **Title & IRB # (should match IRB proposal if applicable)**
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| **Principal Investigator** | **Rank (Faculty)** | **Department/College** | **Zip**  | **Phone** |
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| **Co-Investigator(s)** |  |  |  | **Phone** |
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| Resident/Fellow(s) |  |  |  |  |
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|  **Statistician** |
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| **Study Coordinator** | **Campus Address** | **Department/College** | **Zip** | **Phone** |
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| **1. 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](https://www.unmc.edu/cctr/resources/crc/intakeform.html): …………………………………………………………* Outpatient Space: Click here to enter text.
* IRB Document Preparation: Click here to enter text.
* Phlebotomy/Processing: Click here to enter text.
* Research Nurse or Non-Nurse Coordinator Support: Click here to enter text.
* Other (please specify): Click here to enter text.

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| 1. **Type of Study (check all that apply)**
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| [ ]  Phase I [ ]  Phase II [ ]  Phase III [ ]  Phase IV [ ]  Feasibility[ ]  Multi-center Trial[ ]  Investigator Initiated[ ]  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[ ]  Unfunded; Describe plan for extramural grant funding or potential funding source(s), such as NIH RFA, etc.Click here to enter text. |
| 1. **Completion of Clinicaltrials.gov:**
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| 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:**
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| 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. # of subjects to be supported by/seen in the CRC: Click here to enter text.e. Duration of an individual subject’s involvement: Click here to enter text.f. Is phlebotomy part of the protocol? [ ]  Yes [ ]  Nog. Is this within the parameters specified below? [ ]  Yes [ ]  No  If yes, amount of blood to be drawn from each patient (include ml and number of weeks): Click here to enter text. The maximum volume for a single phlebotomy is: Term newborn – Age 18: 3 mL/kg, up to a maximum of 150 mL Age 19 – 85: Maximum of 150 mL Age 86 and above: Maximum of 100 mL 24- hour period should be limited to 5 mL/kg with balanced consideration of patient safety and clinical needs |
| 1. **Budget request**
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| Complete the budget table below if requesting financial support. Include all **technical and professional** fees that you would like considered. |

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| Hospital Code (8 digit) | CPT/Pro fee Code(5 digit) | Procedure Description (include location of service) | Quantity | Full Hospital Charge | Total |
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| **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](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 |