Service Request Form for Office of Clinical Research Clinical Services

(Please submit a separate form for each project)

PI Name: _____ Phone/Pager: _____

Email: _____ Department/Division: _____

Study Coordinator: _____ Phone: _____

Email: _____

PROJECT INFORMATION

Sponsor Name: _____

Protocol No: _____

Protocol Title: _____

FAST Chartfield for services billing: _____

Location of Study: ☐ Clinical Research Center ☐ Other, please specify _____

Timeframe of Study (approx.): Start Date: _____ End Date:_____

Projected number of study participants: _____

Please check all clinical services being requested for this protocol:

Regulatory

☐ Initial Submission only

☐ Initial Submission through IRB Closure

Study Coordination/Nursing

☐ Full Service – coordinate all aspects of the protocol as delegated by the PI

For studies where Full Service Coordination is not requested, please select from the following a la carte services:

Assessments

☐ Physical ☐ Psychosocial ☐ Behavioral ☐ Medical History/Concomitant Meds

Interventions

- ☐ Study Participant Monitoring
  - ☐ Vital signs
  - ☐ Anthropometrics
  - ☐ Cardiac
    - ☐ ECG
    - ☐ Other: _____
- ☐ Medications/Investigational Product
  - ☐ Preparation
  - ☐ Administration
    - ☐ Route, e.g. IV, IM, SQ, PO _____
  - ☐ Storage & Temperature Monitoring
- ☐ IV Access
  - ☐ Start
  - ☐ Maintenance
  - ☐ Discontinuance
- ☐ Specimen Collection
  - ☐ Blood
  - ☐ Urine
  - ☐ Other: _____
- ☐ Specimen Processing
- ☐ Specimen Shipping
- ☐ Data Entry/Management
- ☐ Source Document Development
- ☐ Clinical Research Center Scheduling
- ☐ Teaching
  - ☐ Research participant/family
  - ☐ Groups
  - ☐ Other: _____

Communication & Training

Please provide the plan for communicating information about the study with the clinical services staff.

_____

_____

_____

_____

Does this study require additional training for the staff? ☐ Yes ☐ No

If yes, please describe the training to be offered: Who will provide the training, the training strategy (e.g.:, in-service, written materials, etc.), the proposed location, and the length of time required for training.

_____

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Please include any additional information that may assist evaluation of the impact of this study.

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_____

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_____ _____

PI Signature or Designee and Title **Date**

Please submit the research protocol with this request for services to the Office of Clinical Research at OCR@health.usf.edu or fax to 813-905-9997. Within 10 business days of receipt, we will review your request and inform the PI and Study Coordinator of our ability to fulfill this request.

Questions? Please contact Catherine Jahrsdorfer at 813-396-9172 or via email at cjahrsdo@health.usf.edu