UCONN HEALTH
LOWELL P. WEICKER JR. CLINICAL RESEARCH CENTER

APPENDIX A

(CRC Resource Request - complete only if requesting CRC resources)

SECTION 1 - GENERAL STUDY INFORMATION

1.0 Date: _____

1.1 Name of Principal Investigator (PI) and Credentials: _____

1.2 Department and Mail Code: _____

1.3 Study Coordinator(s): _____

1.4 For the individual(s) named as Study Coordinator(s) on this application, is this the first time s/he will be a study coordinator on a project utilizing the CRC? ☐ **Yes** ☐ **No If yes, a CRC staff member will contact the study coordinator(s) to schedule a CRC orientation meeting.**

1.5 Complete Project Title:

_____

1.6 Short Title (Acronym): _____

1.7 This service request is (select all that apply):

☐ **To support a grant submission**
☐ **For an industry-sponsored project**
☐ **For an already funded grant project**
☐ **For an internally supported project**

1.8 Institutional Review Board (IRB) Status:

☐ **Pending IRB Submission**
☐ **Pending IRB Approval**
☐ **IRB Approved IRB Approval #:** _____ **IRB Approval Date:** _____ **Expiration Date:** _____
☐ **IRB Review Type:** _____
☐ **IRB of record:** _____

1.9 Estimate total # of subjects that you are requesting CRC provide resources for: _____

1.10 Estimate total time (e.g., # years) to recruit all subjects that CRC would provide resources for: _____

SECTION 2 - FUNDING SOURCES & CONTRACT STATUS

2.0 Indicate all funding sources for this project.

	Funding Source 1	Funding Source 2
FUNDING STATUS	☐ Funded ☐ Under Review	☐ Funded ☐ Under Review
Full Name of Funding Agency or Source (e.g., NIH, Industry, Internal Funds, Department Funds):		
Contract Status for industry-sponsored studies	☐ Pending ☐ Fully Executed Contract	N/A

2.1 The CRC provides Resources on a fee-for-service basis. The Clinical Research Service Center (CRSC) Committee reviews these resource requests and meets on the 2nd Wednesday of every month. Application documents should be submitted to the CRC by the first day of the month.

Consideration of cost sharing may occur when a grant-funded study is reduced in amount or for selected investigator-initiated studies.

Industry-sponsored studies are required to pay 100% of the cost of the requested service(s).

See CRC website for application instructions and list of documents to submit to CRC.

SECTION 3 - CRC RESOURCES

3.0 Please provide justification for requesting CRC resources.

3.1 Please select requested CRC resources. Directions: Specify below which CRC services are requested for this research study. This information is needed by the CRSC Committee to evaluate the request (and by CRC staff to implement the request, once approved). **If a project is complex in nature, consult with CRC personnel below prior to submission. CRC personnel are also available to provide cost estimates, as requested.**

CLINICAL CORE (Contact: Elizabeth Laska, 860-679-1707, laska@uchc.edu)	
Resources available on a fee-for-service basis	**CRC Resource**
☐	Screening / Recruitment
☐	Informed Consent Process
☐	Conduct Study Visits
☐	Phlebotomy/Specimen Collection
☐	Study Medication Administration (e.g., PO, IV, etc.)
☐	Study Coordination (% FTE will be directly coded to funding source)
☐	IRB Submissions (assistance with preparing the IRB submission)
☐	Regulatory Binder creation/maintenance
☐	Regulatory Consultation (IND or IDE Consultation, DSMP Drafting, Consultation or Review)
☐	SAE/AE tracking and reporting
☐	Research record chart assembly and maintenance
☐	Assistance with Case Report Form (CRF) Design
☐	Assistance with the EPIC Research Study Build
☐	Registered Nurse – *enter approx. hours/week (or % effort):* _____
☐	Research Assistant – *enter approx. hours/week (or %* effort): _____
☐	Dental Assistant – *enter approx. hours/week (or % effort):* _____
☐	Other *(specify):*

CORE LABORATORY
(Contact: Judy Kalinowski, 860-679-3681, kalinowski@uchc.edu)

Resources available on a fee-for-service basis	CRC Resource
☐	Sample Processing
☐	Sample Shipping
☐	Specimen Storage – *fee mayl apply after study is closed in CRC*

Core Lab Tests/Assays – *If you wish to have CRC perform tests/assays, please indicate below which tests/assays and the number of tests/assays.*

CRC Core Lab Tests / Assays	Total Number of Tests / Assays	Kits/Supplies: PI will provide kits/supplies	Kits/Supplies: PI requests CRC purchase kits/supplies on behalf of PI and PI will cover full cost
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

RESEARCH INFORMATICS
(Contact: Melissa Chapps, 860-679-2623, chapps@uchc.edu)

Resources available on a fee-for-service basis	CRC Resource
☐	REDCap Training and Consulting
☐	Double Data Entry
☐	Other (specify):

ADMINISTRATION AND FINANCIAL MANAGEMENT
(Contact: Sharon DiMauro, 860-679-1750, dimauro@uchc.edu)

	CRC Resource
☐	Participant Payment Processing *(investigator's funding source must cover the actual cost of subject payments).* **No charge for participant payment processing**
☐	Other (specify):

PHARMACY

(Contact: Jennifer Czerwinski, 860-679-8707, jczerwinski@uchc.edu and Sylvia Slattery 860-679-8707, smslattery@uchc.edu)

If you plan to use UConn Health Investigational Drug Services for this project, please check below so CRC is aware. **You must contact Ms. Czerwinski and Ms. Slattery directly to obtain approval for use of that resources. Click here for Pharmacy Investigational Drug Services website.**

☐ Drug Accountability ☐ Randomization ☐ Drug/Placebo Preparation ☐ Other

SECTION 4 - ADDITIONAL INFORMATION

If you wish to provide additional comments regarding this application, please do so here:

Please see CRC website for instructions on how to initiate this application/request for CRC resources. Contact Ms. Lisa Godin (CRC Administrative Program Coordinator) at 860-679-4145 with any questions.