



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

## Clinical Translational Research Site Services/Resources Requested Form

**Full Title of Study:**

**Industry Sponsored**

**Non-Industry Sponsored**

**Institutional Review Board (IRB) #:**

**Principal Investigator (Full Name/Degrees):**

**Office#:**

**Cell#:**

(Recommended)

**Email:**

*Must be UM/JMH Faculty, Florida licensed and listed as key personnel on protocol)*

**Study Physician Name:**

**Office#:**

**Cell#:**

(Recommended)

**Email:**

**Study Coordinator Name:**

**Office#:**

**Email:**

**Cell#**

(Recommended)

**Project Start Date:**

**Project End Date:**

**Number of Participants:**

**Number of CTRS Visits/Week**

## Services/Resources

- Room Use:**                       Interview Room                       Exam Room
- DXA** (up to 450lbs)                      Whole Body                      Hip                      Spine                      Forearm
- Vital Signs**
- Phlebotomy**
- Medication Administration:** Route
- Nursing Observation:** hrs
- Pharmacokinetics:**
- Duration (hrs)                      Number of Time points:
- EKG**
- Urine Collection**
- 24hrs urine                       Spot Urine
- Blood Specimens Processing:**     Centrifuge                       Aliquot                      Slides
- Urine Specimen Processing:**    Aliquot                      Urine pregnancy                      Urine Analysis                      Drug Screen
- Specimens Storage:**     -20°C                       -80°C                       Refrigeration Storage
- Storage Duration (#days/weeks/months)
- Specimen Shipping:**     Frozen (dry ice required)                      Ambient

**Please describe additional services needed or any Comments**