

**Clinical Research Center
Services/Resources Requested**

Full Title of Study: _____

Institutional Review Board (IRB)#: _____

Principal Investigator (Full) Name/Degrees:

Office Phone Number: _____

Who will be responsible for emergencies encountered in this protocol (responsible study physician)?

Please provide the following information:

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

24hr. Contact #: Office: _____ Cellular: _____ Pager: _____

E-Mail Address: _____

Study Coordinator Name: _____

Office Phone Number: _____

PROJECTED UTILIZATION

Project Start Date: _____

Project End Date: _____

CRC Visits	Year 1	Year 2	Year 3	Year 4	Year 5
Number of participants					
Number of CRC visits per participant					
Total number of visits					
Duration of CRC visits (hours)					

Note: If the visits vary in duration, please provide more details in the comments section below.
(i.e, visit day 1= 12-hr, PK, day 2= 3-4 blood draws, day 3=15-hr, PK, etc.)

Comments

NURSING SERVICES

A skilled research nursing staff experienced in implementing sophisticated clinical studies is available five days/week, eight-12 hours/day for on-site outpatient studies.

None Requested

Procedures Requested		Procedures Requested	
	Blood draws per participant/visit _____ Venipuncture IV Fasting No Yes		Pharmokinetics Number of timepoints: _____ Duration: _____ hours _____ minutes
	Placement of IV Lines Number per participant/visit _____		Blood glucose monitoring Number of timepoints: _____ Duration: _____ hours _____ minutes
	Glucose Tolerance Test IV Oral Timepoints: _____		ECGs Number required per participant per visit: _____
	Medication administration: Type: _____		Standardized Meal: Duration: _____ hours _____ minutes
	Continuous/intermittent IV drug infusion: Duration of infusion: _____ hours _____ minutes		Glomerular Filtration Rate Test (GFR): Duration: _____ hours _____ minutes
	Other specimen collection (saliva, etc.) _____		Urine Collection Test: Urine Pregnancy Test Urine Analysis 24 hour Urine Spot Urine
	_____ Number per participant/visit: _____		Observation: (i.e. heart rate) Duration: _____ hours _____ minutes
	_____ Number per participant/visit: _____		Vital sign monitoring: Heart rate Blood pressure Respiratory rate Temperature
	_____ Number per participant/visit: _____		Pulse oximetry monitoring

***In detail, describe additional CRC nursing service needed** (i.e. health history assessments, assistance with physicals, questionnaires, immunizations, injections and/or specialized testing/evaluation).

Nursing time required for additional service: _____ hours _____ minutes

Comments

BIONUTRITION SERVICES

None Requested

Services Requested

	Nutritional analysis		Food Records/Calorie count
	Nutrition education/counseling		Access to nutrition analysis software (NDSR, Nutritionist Pro, Food Processor)
	Diet history		Anthropometry Skinfolds (specify sites): _____ Circumferences (specify sites): _____
	Administration of nutritional questionnaires		Bioelectrical impedance analysis (BIA)

Comments

LAB SERVICES

Specimen Processing	
	None requested
Blood Specimens	
	Number of samples per participant ____
	Number of aliquots ____
Urine Specimens	
	Number of samples per participant ____
	Number of aliquots ____
Other - Specify: _____	
	Number of samples per participant ____
	Number of aliquots ____

Specimen Storage and Shipping	
	None requested
	Refrigeration Storage
	-20°C Storage
	-80°C Storage
	Require dry ice
Storage Duration _____ (# months)	
	Shipping Specify destination: _____ All shipping costs paid by investigator

Potential Hazardous Materials? No Yes, please list: _____

Comments

OTHER SERVICES

Body composition measurement and bone density by dual-energy X-ray absorptiometry (DEXA) in adults and children are available.

None Requested

DEXA (iDXA, Lunar GE)				
Body Composition		Bone Densitometry		
	*Whole Body Scan		Hip: Right	Left Dual
			Spine	
			Forearm: Right	Left

*Scans individuals up to 450 lbs

Comments

ROOM USE

None Requested

Interview Room Request (desk, chairs and internet access provided)

Informed consent

Interview/questionnaire

Number of interview rooms needed per week: _____

Duration of each interview room use: _____ hours _____ minutes

Exam Room Request

Physical examination

Medical history

AE monitoring

Concomitant medication review

Comments

If you have any questions regarding CRC services, please contact the CRC (305) 243-5012.