

CRC REQUEST FOR SERVICES FORM (BUDGET/COS)

Protocol Title:			
Funding Source(s):			
Grant Number(s)			
IRB Number:		IRB Expiration date:	
Project PI:		eRA Commons ID:	
PI Department:		PI Phone Number:	
PI Email Address:			
Co-Investigators:			
Project MD:			
Study Coordinator:			
Coordinator Phone:		Coordinator Email:	

Please indicate service/support needed from CRC. Additional documents are required and will be attached at the bottom of this form. Please submit your form and additional requested documents to April Braxton at abraxton@ufl.edu.

PLEASE MAKE SURE REQUESTED DOCUMENTS ARE ATTACHED OR YOUR REQUEST MAY BE DELAYED

UF CLINICAL RESEARCH CENTER SERVICES NEEDED

1. Has this protocol received a scientific review? If so, by who?
2. This study involves (check all that apply)

Children ages Adults ages Elderly ages

Inpatient (If protocol specifies hospitalization, admission at UF Health Shands).

Please contact Theresa O'Connell at oconta@shands.ufl.edu to request COS

Outpatient—CRC (CTRB) visits, contact April Braxton at abraxton@ufl.edu to request COS and Budget

FOR INPATIENT STUDIES:

Subjects are hospitalized on: _ different occasions for: _ day(s) per admission

(Cost of service includes 24 hour stay with nursing services and meals)

CRC will provide research nursing coverage (scatter-bed) between 7AM-5PM to perform:

_____ or: _____ hours per day

FOR OUTPATIENT STUDIES:

Subjects are seen every _ for _____ hours per visit for _ visits.

Subject visit(s): Regular CRC Hours (0700-1700) Extended hours (1700-2400) Overnight (1700-0700)

Choose nursing services for extended and overnight stays:

3. The length of the study for each participant is _ months
4. The anticipated duration of study from the first consented participant to the final participant's last visit is:

_ months
5. Participant accrual start date:
6. Participant accrual end date:
7. The anticipated start date:
8. This study is a: single site study multi center study with _ sites

UF is the coordinating site:

Total number of subjects to be enrolled at UF: _

CTSI PROJECTED UTILIZATION					
Study Type:			Category:		
Year	2016	2017	2018	2019	2020
Target subject enrollment #					
# Outpatient days per year					
# Inpatient days per year					

7. **NURSING SERVICES** - services that nursing staff should perform (check all that apply):

- Venipuncture (single blood draw within a visit)
- Insertion of heparin lock (multiple blood draws within a visit)
- Monitoring of vital signs
- Administration of research drug: oral IV infusion other: _
- Administration of IV fluids: as flush post drug infusion in addition to infusion
- Timed blood draws /PK sampling/blood draws more than once within a visit
- Urine Collection once serial 24 hour
- Saliva Collection once serial 24 hour
- ECG once serial 24 hour
- BMR
- BodPod
- Conscious sedation for (procedure) _
- Assistance with procedure(s) specify _
- Glucose monitoring once serial
- Other (specify): _

8. **INVESTIGATIONAL DRUG SERVICES** - (Check all that apply.)

(Please contact IDS@shands.ufl.edu if you check any box below for separate cost estimate)

- Research Protocol involves Investigational Drug
- Emergency meds anticipated
- Routine meds required (includes premeds, meds to treat anticipated reactions)
 - Specify
- Performing Conscious Sedation
- Need local anesthetics for a procedure

STUDY MEDICATION

List all drugs in named in protocol and source (e.g. supplied by sponsor, NIH, cooperative group, purchase from pharmacy by investigator or departmental funds, billed to third party payer or subject’s insurance)

Drug	Source

9. **NUTRITIONAL SERVICES:** (check all that apply)

- Controlled meal (foods weighed)
- Modified meal (foods not weighed)
- Regular meal (Jimmy John’s sandwiches)
- Regular CRC snacks (crackers & juices)
- Daily nutrient intake calculations
- Food record analyses
- 24-hr food recalls
- Nutrition assessment
- Nutrition education/ Diet teaching
- Nutrition Data Management
- Other (specify)

10. **UF CRC CORE LAB SERVICES** (check all that apply)

- Lab manual for this study is available and will be provided
- Simple specimen Processing Laboratory (Spin, separate & transfer to aliquot)
- Use of additives, incubation or any other complex sample processing
- Urine HCG/pregnancy testing
- Other test(s) with study supplied testing equipment (specify)
- Send specimen for Shands Lab analysis (Set-up R99 @ LabCustomerService@shands.ufl.edu)
- Shipping from CRC to _____
 Dry ice for shipping from CRC (FedEx picks up daily between 1530 – 1630). Dry ice can be pre-ordered 1 week in advance of use. Please indicate amount in lbs. and date needed and email tomathew@ufl.edu

- Temporary storage at CRC (2 weeks)
- Plan on using CTSI Biorepository (beyond 2 weeks sample storage)

Please list all lab tests required (blood, urine, stool, spinal fluid, saliva, others), if lab kits are provided by sponsor and where analysis/final storage will take place.

Lab Tests	Kits Provided?	Analysis done at	Same day shipping?
<i>Example CBC</i>	<i>No</i>	<i>Shands</i>	<i>N/A</i>
<i>Example Drug Level</i>	<i>Yes</i>	<i>Central Lab</i>	<i>Yes</i>

11. RESEARCH COORDINATOR SERVICES:

Research Coordinator Time: hours per week for weeks months
 Entire study duration

12. EQUIPMENT USE

Use CRC equipment only (no nursing assistance needed)
Specify equipment needed _

Will bring equipment to CRC (storage of equipment within CRC is not guaranteed, please contact Nurse Manager for approval)
Specify equipment and size _

12. ADDITIONAL REQUIRED DOCUMENTS: Please click the links below to attach required document files:

- Add attachments** Please add the most current protocol for this study.
- Add Attachments** Please add the most current Draft ICF for this study.
- Add Attachments** Please add the most current PI CV for the study PI.