***Please send completed form and any relevant documents (e.g. Laboratory Manual, Protocol) to*** [**michelle.storms@vch.ca**](mailto:michelle.storms@vch.ca)

**Requester Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Click here to enter text. | | Email and Phone #: | Click here to enter text. | |
| Study Role | Principal Investigator  Co-Investigator | Research Nurse  Research Coordinator | | | Research Assistant  Other (specify):   |  | | --- | | Click here to enter text. | |

**Study Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator | Click here to enter text. | | |
| Study Title | Click here to enter text.  **REB No. (if available):** Click here to enter text. | | |
|  | Investigator Initiated Study  Industry Sponsored Study | Funding Agency: | Click here to enter text. |
| Estimated start date | Click here to enter text. | Estimated End Date | Click here to enter text. |
| Number of participants | Click here to enter text. | # Study Visits and Frequency | Click here to enter text. |

**Anticipated Services Required**

*This is not an exhaustive list of our services, we will try to accommodate and meet any needs requested:*

*Staffing Additional Comments/Details*

|  |
| --- |
| Click here to enter text. |

Research Nurse

Research Coordinator/Assistant

Vacation Coverage

*Regulatory*

REB Application submission

Consent Development

Budget

VCH Application for Operational Approval

*Clinic Use*

Exam Room

Boardroom

Lab

*Laboratory Services Additional Comments/Details*

|  |
| --- |
| Click here to enter text. |

Blood Collection  Processing

Urine Collection  Processing

Purchasing of blood collection tubes

Shipping to Central Lab

-Dry Ice  Ambient

Short Term Storage of Samples

-20 Freezer  -80 Freezer

Specimen delivery to local laboratory

*Procedures*

Complete Study Visits/phone visits

Complete Questionnaires/assessments

Drug/Vaccine administration

IV starts

Vital Signs

Consenting

Other Study Support

*Pharmacy*

Drug Storage

Ambient  Frozen  Refrigerated

Biobank Services

Full Study Management/Administration

**Please provide any additional information or requests for services below:**

|  |
| --- |
| Click here to enter text. |

***Note: If you use CRU services the CRU will need to be added to the VCH Application for Operational Approval to Conduct Research and your Ethics application (Section 4.2A “Institutions and Sites for Study).***