***Please send completed form and any relevant documents (e.g. Laboratory Manual, Protocol) to*** **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).***