***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.***