***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.***