

UNIVERSITY HEALTH SYSTEM

All boxes on the proposal must be filled out. Place N/A on sections that do not apply.

		Date
Investigator (Name, Degree, Department, Provider Number)		Phone Number
		Fax Number
E-mail Address		
Co-Investigator (Name, Degree, Department, Provider Number)		Phone Number
		Fax Number
Additional Contact		Phone Number
		Fax Number
E-mail Address		
Protocol Title		

Projected Start Date: _____

Projected End Date: _____

Examples: Left over deidentified specimens, Data/specimens from a repository (deidentified to recipient)
Please provide: UTHSCSA or IACUC Approval letter and Submission documents to Include: Application for access to De-identified Data (or Specimens)

I. Requested Institutional Support:

The following clinical support services are requested for support of the study:

- Radiology
- Pathology Other _____

List all tests (i.e. Lab, X-ray) required by the protocol. Indicate tests required solely for study purposes. In each category, please specify the **number** per specimen **who will pay** the associated charges. # - indicate total number of tests to be completed as part of the study
 *See fee schedule on research webpage (http://www.universityhealthsystem.com/Research/Research_Department_Home.htm)if tests not listed contact Research department (Joan.Thomas@uhsa-sa.com).

LIST TESTS REQUIRED SOLELY FOR STUDY PURPOSES FROM RESEARCH FEE SCHEDULE	REQUIRED SOLELY FOR STUDY PURPOSES Facility – UH; UHCD; MED; CLINIC, etc.		
Tests and CPT Code	#	Location	Paid by

List Special needs or preparation for specimens for this study: _____

II. Clinical Site Implementation Plan: (If more space is needed please attach)

Provide a description of your plan to implement this study for the Director/Medical Director in the above checked departments. Include information on meetings with directors, staff in-services, and introductions of the research team to the unit staff. Detail how Infection Control procedures will be followed prior, during, and following any testing to ensure that equipment is free of any pathogens.
*Biological waste will be managed in compliance with Institutional State and Federal Regulations.

- Research staff must be introduced to the unit staff at all times. Changes to staff **MUST** be updated with the unit and the Research Department. (Appropriate paperwork for updates are located on the Research Website.

III. Attainment of Specimens:

Will your specimen(s) be obtained through the Anatomical Services at University of Texas Health Science Center San Antonio (UTHSCSA)? Yes No

Please provide copies of the registration provided from the Texas Anatomical Board for each specimen needing to be examined in University Health System departments.

IV. Animal Specimens:

Provide approval date from Institutional Animal Care and Use Committee (IACUC): _____
Continuation approval must be provided annually

V. Allied Health Involvement:

Please detail the UHS allied health staff involvement to include documentation, specimen collection, etc.

Will involvement require any adjusting or resetting of equipment for the research study? Yes No

VI. Funding Source and Fund Administration:

Study funded by:	Charges to be applied to the following account:	
	UTHSCSA: _____ Department	OTHER:

Budget Page: Attached (Must be included with all funded submissions)

Federal Funded: Yes No

Grant Funded: Yes No If yes, Award Number for Grant: _____

Specify Address for Invoice:

(Local Contacts and Address) _____

VII. Research Committee Oversight:

Abstract: Attached (Must be included-120 or fewer words, in any format)

VIII. Conflict of Interest Information: **Form X and/or Y submitted to IRB as applicable**

Does the P.I. or co-P.I. disclose any potential conflicts of interest? Yes No