

# Center for Clinical and Translational Research Resource Request Form

CCTR # \_\_\_\_\_ Category \_\_\_\_\_

## Section I. PROTOCOL DATA

*Deadline for protocol submission is the first Monday of each month.*

Date:

Protocol Title:

Principal Investigator:            Telephone:            Slot:            Degree:

Is the protocol investigator initiated?     yes     no

Physician Collaborator (Required for PIs with PhDs):

Co Investigators:

Study Coordinator:            Telephone:            Email:

IRB Approval: IRB #             yes    Approval Date:             no     pending

### Source of Research Support

Funded Protocol?     yes     no     pending    Sponsor:            (If funded attach a copy of the award budget)

Grant No.:            Start/End Dates:            Grant Amount:            UAMS Account #:

Departmental Administrator:            Phone #:            Slot:

**Please submit a copy of your Budget as a separate document.** We are required by the NIH to look for duplications between the outside agency budget and what you are requesting from the CCTR. For projects not funded by major outside agencies, the advisory committee takes into consideration whether other funds are being committed (departmental, start-up, foundation grants, etc.). Define potential overlap between other funding (including other funding applied for) and the CCTR support hereby requested. If you receive other funding for the services you are requesting from the CCTR, please inform us so we may negotiate use of such funds to defray CCTR costs.

### Start-up Fee:

If this study is an industry-sponsored trial, there will be a start-up fee of \$500.

## Section II. SUBJECT SPECIFICS

Study Duration:	First Year Outpatient	Total Study Outpatient	First Year Inpatient	Total Study Inpatient
Number of Subjects: (a)				
Number of Inpatient Visits per Patient (b)				
Duration of Each Inpatient Visit (c)				
Number of Outpatient Visits per Pt (d)				
Number of Inpatient Days (a x b x c)				
Total Number of OP Visits (a x d)				
<b>Where will the subjects be seen?</b>				
<b>Anticipated Start Date:</b>				
<b>Expected Completion Date:</b>				

### Section III. SERVICES AND CORE USAGE

Please specify requested services. You are encouraged to discuss your needs with CCTR staff prior to submission (call 526-7800 or email: [ClinicalResearchCenter@uams.edu](mailto:ClinicalResearchCenter@uams.edu)). This form enables our staff to review resource needs and allocations to assure we have what you need for successful completion of your study.

#### BIONUTRITION, METABOLIC KITCHEN, AND DIETARY SERVICES

Please note when visits last four hours or longer, or if subjects are required to arrive fasting, meals or snacks may be recommended by the CCTR Advisory Committee. For questions or assistance, please contact the Bionutrition Director, Traci Harmon, MS, RD, LD at 501-526-7670 or email at [TAHarmon@uams.edu](mailto:TAHarmon@uams.edu).

<input type="checkbox"/> Snacks	# per subject	total estimated # for protocol
<input type="checkbox"/> Meals	# per subject	total estimated # for protocol
<input type="checkbox"/> Food homogenates/aliquots	# per protocol	
<input type="checkbox"/> Record Intake of Provided Meals	<input type="checkbox"/> Yes, all meals	<input type="checkbox"/> Selected meals (please specify)
<input type="checkbox"/> 24-hour diet recall	# per subject	# per protocol
<input type="checkbox"/> Food Records	# per subject	# per protocol
<input type="checkbox"/> Food/Dietary Questionnaire	# per subject	# per protocol
<input type="checkbox"/> Nutrition Counseling/ Education	# of sessions per subject	# of sessions per protocol

#### RESEARCH SUBJECT ADVOCATE

The RSA is Tom Wells, MD. Please indicate planned usage of RSA services, if known. Contact the RSA Assistant, Tracie Baker at 501-686-7093 or email at [BakerTracieD@uams.edu](mailto:BakerTracieD@uams.edu) if you have questions about preparing your data and safety monitoring plan.

Request monitoring by the CCTR Data and Safety Monitoring Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Using outside DSMB (If so, contact the RSA at 501-686-7093 for further instructions.)
Who will conduct protocol compliance checks and data accuracy reviews?	Name: _____ Title: _____ Telephone: _____

#### Safety contact information

(Identify at least one person available on-call to address patient safety issues including after-hours)

Name	Role on the Project	Contact Information
		Telephone #:
		Pager #:
Admitting Privileges <input type="checkbox"/> Y <input type="checkbox"/> N      Expiration Date:		E-mail:
		Telephone #:
		Pager #:
Admitting Privileges <input type="checkbox"/> Y <input type="checkbox"/> N      Expiration Date:		E-mail:
		Telephone #:
		Pager #:
Admitting Privileges <input type="checkbox"/> Y <input type="checkbox"/> N      Expiration Date:		E-mail:

**NURSING SERVICES**

Please contact Nurse Manager Cindy Witkowski at 501-526-7984, or by email at [WitkowskiCynthiaL@uams.edu](mailto:WitkowskiCynthiaL@uams.edu) for protocol nursing questions or assistance.

<input type="checkbox"/> Hip/Waist Measurement	Please describe your needs:
<input type="checkbox"/> DEXA	
<input type="checkbox"/> RMR	
<input type="checkbox"/> EKG	
<input type="checkbox"/> Venipuncture	
<input type="checkbox"/> Medication Administration	
<input type="checkbox"/> OGTT	
<input type="checkbox"/> IVGTT	
<input type="checkbox"/> Clamp	
<input type="checkbox"/> Infusions	
<input type="checkbox"/> Vital Signs	
<input type="checkbox"/> Assistance with Biopsy	
<input type="checkbox"/> Administer Questionnaires	
<input type="checkbox"/> Other Requested Resources	

**CORE LABORATORY USAGE**

Please contact Nurse Manager Cindy Witkowski at 501-526-7984, or by email at [WitkowskiCynthiaL@uams.edu](mailto:WitkowskiCynthiaL@uams.edu) for protocol nursing questions or assistance. Be aware that, while we do much of the processing on site, we do occasionally send samples to an offsite lab for processing; your protocol may be responsible for those charges.

<input type="checkbox"/> Blood	Please describe your needs and # of samples per subject:
<input type="checkbox"/> DNA	
<input type="checkbox"/> Urine	
<input type="checkbox"/> Hormone Assay <ul style="list-style-type: none"> <li>• Insulin</li> <li>• C-peptide</li> <li>• Proinsulin</li> </ul>	
<input type="checkbox"/> Tissue	
<input type="checkbox"/> Storage needed?	Specify type and quantity of samples for storage:
	Temperature Required                      Duration of Storage

**COORDINATOR SERVICES**

Please indicate planned usage if known. Contact Angie Smith, CCTR Navigator, at 501-257-5882, or email at [SmithAngelaA@uams.edu](mailto:SmithAngelaA@uams.edu) for coordinator questions or assistance.

<input type="checkbox"/> Subject Recruitment	Please describe your needs:
<input type="checkbox"/> Subject Scheduling	
<input type="checkbox"/> Data Collection (completion of CRFs or eCRFs)	
<input type="checkbox"/> Modifications (Submission of SAEs, amendments, etc. to the IRB)	
<input type="checkbox"/> Regulatory Binder Management	
<input type="checkbox"/> Other Requested Resources	

### INFORMATICS CORE USAGE

Please indicate planned usage if known. Contact Richard Harris, Informatics Director, at 501-526-7665, or email at [HarrisRichardM@uams.edu](mailto:HarrisRichardM@uams.edu) for assistance with estimates or if you have questions about informatics support.

<input type="checkbox"/> Data Storage	Please describe your needs:
<input type="checkbox"/> Database Design Consultation	
<input type="checkbox"/> Data Translation Services (text to Access, Access to external files, etc.)	
<input type="checkbox"/> On site work station	

### STATISTICAL CONSULTATION

Contact Trey Spencer at 501- 526-6719, or email at [SpencerHoraceJ@uams.edu](mailto:SpencerHoraceJ@uams.edu) to discuss assistance with your statistical needs or questions.

### JUSTIFICATION FOR THE USE OF CCTR RESOURCES:

- 1) State why this project requires CCTR resources and briefly describe the kinds of special services you will require from the CCTR (i.e. Nursing, Nutritional/Dietary, Informatics, Lab, etc.).
- 2) Could you perform your research without the CCTR and where?
- 3) Future direction and funding opportunities?

Using a timeline or other method, outline the sequence of CRC subject visits and what happens during each visit:

**Your application will be reviewed by CCTR staff and the CCTR Scientific Advisory Committee (SAC). You may be invited to meet with the CCTR Scientific Advisory Committee.** If so, you will be notified of the date and time of the meeting. You may be asked to provide a written response to the reviewers' critiques.

**Prior to study implementation** you must receive CCTR SAC approval and meet with the CCTR staff to review the final implementation details of your project and if necessary schedule an in-service for the CCTR patient care staff.

**PUBLICATION CREDIT:** Continued NIH funding for the CCTR requires citation of the CCTR support in all publication of research that results from utilization of CCTR resources. Thus, *it is critical to the future of the CCTR that investigators acknowledge CCTR support in all pertinent publications with the statement: "The project described was supported by Award Number 1UL1RR029884 from the National Center for Research Resources. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center for Research Resources or the National Institutes of Health."* For more information about using the CCTR go to: <http://www.uams.edu/cctr/>.