

UTMC CLINICAL RESEARCH RESOURCE UTILIZATION FORM

Instructions for Use

Purpose: This fillable PDF form is required for all IN-PATIENT clinical trials to ensure that the University of Toledo Medical Center (UTMC) hospital administration is aware of the study and has adequate resources to support the study.

Process: Submit your study to the Institutional Review Board (IRB) for review

Once the IRB indicates that the only remaining condition for approval (i.e., minor modifications required) is Unit Manager acknowledgment, please complete this form.

Provide completed form to the hospital Unit Manager. If you don't know who the Unit Manager is, contact the Jacobson Center for Clinical and Translational Research (JCCTR) at 419-383-6289 for assistance.

Attach the completed, signed form to your IRB study, in the 'Additional Attachments' section of the x-form via the typical revisions process.

The IRB will reconcile that the information in your study corresponds to the information in this form. If it does correspond, IRB approval will be granted.

CLINICAL RESEARCH RESOURCE UTILIZATION

IRB Study Title:

Principal Investigator:

PI's Phone Number and email:

PI's Department:

Research Coordinator (if applicable):

Research Coordinator Phone Number (if applicable):

Summarize Resources Requested (For example, UTMC staff or other resources):

Total Number of Patients to be Enrolled:

Approximate Number of Patients per Month:

Anticipated Length of Resource Use (For example, hours per day, number of days expected, etc.):

Principal Investigator Statement

I hereby am informing UTMC of our anticipated resource needs for the above in-patient clinical research study. Any changes to the information above which might influence resource utilization will be communicated promptly to UTMC unit managers.

Signature of Principal Investigator

Date

Unit Manager Acknowledgement:

I have read the information above and have made the following determination (check below):

There are no concerns regarding resource use for this study.

There are concerns regarding resource use for this study. (See below comments.)

ABSENCE OF A RESPONSE WITHIN THREE WORKING DAYS WILL BE
INTERPRETED AS ABSENCE OF CONCERNS.

Additional Comments:

Unit Manager Name

Unit name

Signature of Unit Manager

Date

Signature of Unit Manager's Supervisor

Date