CCTS Clinical Support Registration Form

Date: _____ Amendment? ☐ Yes ☐ No

Instructions: Fill out both sides of this form as completely as possible and submit as instructed on the back. Questions? Send email to CCTSClinical@uab.edu.

IRB Title:

IRB Protocol Number:

PI Name:

PI Blazer ID:

Dept./School/Center:

Contact Name:

Phone:

Contact Email:

Coordinator Name:

Phone:

Coordinator Email:

Other Investigator Names & Blazer IDs (if UAB):

Funding Sources (check all that apply):

☐ Federal agency (e.g., NIH, DOD)

Grant Number: _____

☐ Funded ☐ Pending

☐ Industry

Grant Number: _____

☐ Funded ☐ Pending

☐ Foundation

Grant Number: _____

☐ Funded ☐ Pending

☐ Intramural/Other

Grant Number: _____

☐ Funded ☐ Pending

Oracle Number:

Type of Study (check all that apply):

☐ Pilot

☐ Clinical Trial

☐ Multi-center

☐ AIDS-related

☐ Pediatric

☐ Investigator-initiated

☐ Investigational New Drug (IND)

☐ Investigational Device Exemption (IDE)

Study Details:

Phase: ☐ I ☐ Ib/II ☐ III ☐ IV

~ Number UAB participants: _____

~ Duration of study in months: _____

CCTS Clinical Support Registration Form (p.2)

Select Service(s) (check all that apply):

☐ Bionutrition (consultation on protocol design, development, and implementation; controlled feeding studies; monitoring participants on controlled diets; research meal services; anthropomorphic measurements; nutrient intake data; nutrition education)

☐ Biorepository (full spectrum of liquid biobanking from specimen intake, cataloging, storage, and retrieval; access to fresh blood and banked specimens of plasma, serum, DNA from healthy individuals; ISBER, GCP, and IRB trained staff)

☐ Child Health Research Unit (services tiered to meet the needs of protocols with a wide range of pediatric participants; child-friendly environment and staff with expertise in meeting physical and emotional needs of children; well-equipped exam rooms, lab services, specimen storage; assistance with study initiation, design, budget development, regulatory support)

☐ Clinical Research Support Program (trained and certified research coordinators [RN or non-nurse] to assist with study implementation, including adherence to regulatory requirements; communication with sponsors; protocol, data, and budget management; internal quality measures; IND/IDE applications)

☐ Clinical Research Unit (specially trained research nurses for inpatient or outpatient care, including assessement, testing, medication administration, IV therapy, pharmacokinetic sampling, cardiac & pulse oximetry monitoring, phlebotmy services, questionnaire administration, patient education)

☐ Sample Processing (SPAN) (specimen processing; DNA preparation; blood cell separation [PBMC preparation and cryopreservation]; preparation of lymphoblastoid lines; short-term or long-term biobanking)

☐ Other _____

Please tell us more about the services you need:

Submission Instructions: Once you have filled out this form as completely as possible, submit via email to CCTSClinical@uab.edu. Attach your protocol's schedule of events, highlighting all services you wish CCTS to provide. Also submit protocol and/or HSP and informed consent, if available. We will respond to your email within 72 hours. Questions? Submit to CCTSClinical@uab.edu.