

**Child Health Research Unit Application (CHRU protocol number: \_\_\_\_\_)**

CHRU use requires 1) completion of this form including 2) a brief description of the services needed and 3) a copy of all attachments listed.

**1. Complete this fillable form.** Click on the above envelope icon and choose "Send Copy" to Cheryl Perry ([cperry@uab.edu](mailto:cperry@uab.edu)). The Clinical Trials Administrator will contact you to discuss once the form is received.

Protocol Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

UAB Department/Division: \_\_\_\_\_

Research Coordinator: \_\_\_\_\_

Contact information (Phone, Pager): \_\_\_\_\_

Primary Contact Physician: \_\_\_\_\_

Contact information (Phone, Pager): \_\_\_\_\_

IRB protocol number (required prior to study initiation): \_\_\_\_\_

IRB approval date: \_\_\_\_\_

Number of subjects: \_\_\_\_\_

Number of visits per subject: \_\_\_\_\_

Length of study (years/months): \_\_\_\_\_

List names/email of all research team members that need computer access while in the CHRU:

**2. Provide a brief description of your needs.**

**3. Checklist for CHRU Application package. Attachments are required before study initiation.**

- IRB/WIRB Approval
- Assent or Consent Form
- UAB Human Subjects Protocol (HSP)
- Protocol