**REQUEST for DERS Clinical Research Unit (CRU) Services**

**Recruitment Support / Study Coordination**

*Research support services may be available at some sites depending on a feasibility assessment and other factors, typically on a cost-recovery or fee-basis.*

Please send completed form and any relevant documents (e.g. study protocol, laboratory manual) to [FHClinicalResearch@fraserhealth.ca](mailto:FHClinicalResearch@fraserhealth.ca).

**Requester Information:**

|  |  |  |
| --- | --- | --- |
| Name | Click or tap here to enter text. | |
| Email | Click or tap here to enter text. | |
| Affiliated Institution | Click or tap here to enter text. | |
| Study Role | Principal Investigator  Co-investigator | Research coordinator  Other (specify): Click or tap here to enter text. |

**Service Request Information (required):**

|  |  |  |  |
| --- | --- | --- | --- |
| Study Title | Click or tap here to enter text. | | |
| Study Type  (select all that applies) | Industry Sponsored Study  FH Investigator Initiated Study  Non-FH Investigator Initiated Study | | Regulated, specify: Choose an item.  Non-regulated, specify: Choose an item. |
| Funding Agency(ies) | Click or tap here to enter text. | | |
| Anticipated Services Required: | | | |
| *Staffing*  Research Coordinator  Research Assistant  Vacation Coverage  *Regulatory*  REB application submission  Fraser Health institutional approval submission (including Fraser Health departmental agreement e.g. lab, pharmacy)  Consent development  Budget development and negotiation  Regulatory files maintenance  Other, specify: Click or tap here to enter text. | | *Procedures*  Recruitment, screening and consenting  Conducting study visits and/or interviews  Data collection and entry  Host monitoring visit  Financial management  Other, specify: Click or tap here to enter text.  *Other*  Full study management / coordination / administration  Other, specify: Click or tap here to enter text. | |

**Additional comments or requests for services:** Click or tap here to enter text.

**Supplemental Study Information (required, if available):**

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated Start Date | Click or tap to enter a date. | Estimated End Date | Click or tap to enter a date. |
| # Study Visits and Frequency | Click or tap here to enter text. | Enrollment target in Fraser Health | Click or tap here to enter text. |
| Does Fraser Health have the appropriate patient population for the study? | Yes, number of patients you are planning to screen per month: Click or tap here to enter text.  Not sure. | | |
| Which Fraser Health site(s) will the study be located at? | Click or tap here to enter text.  Not sure. | | |

**If the study is a harmonized study:**

|  |  |  |  |
| --- | --- | --- | --- |
| REB # | Click or tap here to enter text. | | |
| Principal Investigator listed in RISE | Click or tap here to enter text. | Affiliated Institution | Click or tap here to enter text. |
| Fraser Health  Co-Investigator | Click or tap here to enter text. | | |
| Will the Fraser Health co-investigator be the Principal Investigator for the Fraser Health sites? | Yes  No  If **Yes**, the Fraser Health co-investigator is responsible for applying for Fraser Health institutional approval on ROMEO Research Portal.  If **No**, the Principal Investigator listed in RISE is responsible for applying for Fraser Health institutional approval on ROMEO Research Portal. | | |
| Are there any study procedures being done outside of Fraser Health? | No, all study procedures will be done at Fraser Health.  Yes, specify: Click or tap here to enter text. | | |

**If the study is NOT a harmonized study:**

|  |  |
| --- | --- |
| FHREB # | Click or tap here to enter text. |
| Principal Investigator | Click or tap here to enter text. |