**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.

**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. |