

Appendix G – CCTS Clinical Interface Core Approval Form

Version 4.0

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Office for the Protection of Research Subjects (OPRS)
Institutional Review Board (IRB)

1737 West Polk Street (MC 672)
203 Administrative Office Building
Chicago, IL 60612

Phone: 312.996.1711 Fax: 312.413.2929
www.research.uic.edu

Instructions for Investigators

All research projects planning to use the CCTS Clinical Interface Core are required to be reviewed and approved by CIC leadership. This approval form must be submitted with your IRB application (initial or continuing review) or amendment.

*This is a fillable PDF form. **Both pages must be completed.** Sign form and send to the Clinical Interface Core by e-mail (Lauren Castro at lschra3@uic.edu, or Maryann Holtcamp at mbolt@uic.edu) OR deliver in-person (drop off at the Clinical Research Center, 912 S Wood, Suite 200, South Tower).*

After review and approval, CIC leadership will sign and date form and return to the investigator for submission to IRB.

Any questions? Contact Clinical Interface Core at 312-996-2937.

Protocol Title:

Principal Investigator:

Department:

MC:

Phone:

E-mail address:

Fax:

Where will the study be conducted?

- Clinical Research Center
- College of Dentistry
- UIC Medical Center (Scatter Bed)
- UIC – OCC
- Integrated Physiology Lab
- Other sites (list):

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Please indicate the services/space you are requesting from the CIC (check all that apply).

- Nursing Assessment (ie. Health History, Medication History etc)
- Anthropometric Measurement and Vital signs (ie. Height, Weight etc.)
- Venipuncture (phlebotomy), IV catheter insertion, Central line/venous access device care
- Collection of urine/other biological specimens
- Physiology Laboratory
- EKG
- Medication compliance assessment
- Tissue biopsies
- Administration of questionnaires/surveys
- Laboratory services including sample processing and shipping.
- Study Coordinator services
- Pre-study activities (IRB, PAF, contract facilitation)
- Study activities (recruitment, data collection follow-up)
- Post-study activities (audits, study close-out)
- Other: _____

Signature of Investigator

Date

For Completion By CIC Leadership:

CCTS No.: _____

This project has been reviewed and approved for using CIC resources.

PRINT NAME/ SIGNATURE (CIC Leadership)

Date