**Project Information**

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| **Study Tile:** | Click or tap here to enter text. | | |
| **Date of Submission:** | Click or tap to enter a date. | **Projected Date Range of Project:** | Click or tap here to enter text. |
| **Sponsor/Funding**  **Agency:** | Click or tap here to enter text.  NIH Grant #: Click or tap here to enter text.  Check if not funded |  |  |
|  | | | |
| **Lead Investigator(s) and title(s):** |  | **Contact Person(s):** |  |
| **Institution:** |  | **Institution:** |  |
| **Department:** |  | **Department:** |  |
| **Address:** |  | **Address:** |  |
| **Phone/Fax:** |  | **Phone/Fax:** |  |
| **Email(s):** |  | **Email(s):** |  |

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| **IRB Approval:** | Pending Approved  Waived/Exempt  Not Applicable |

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| ***Attach scientific protocol to request or complete Sections 1-4 below:*** |
| **Section 1. Background & Rationale:** |
| **Section 2. Hypothesis & Specific Aims:** |
| **Section 3. Study Population & Size, Inclusion/Exclusion Criteria:** |
| **Section 4. Study Design & Analysis:** |
| ***Include applicable information:*** |
| **Request details and logistics:**  *For example:*  *Number of visits/collections per case?*  *Frequency of visits/collections?*  *Are there specific dates for which specimens are needed?*  *Type of specimens to be collected?*  *Type and quantity of specimen collection tubes/medium?*  *Location and contact person for specimen delivery?*  *Any sample processing requested?*  *What specific data is needed?* |

**Clinical Research Core Services**

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| Phlebotomy/ Specimen Collection  Blood  Leukapheresis  Rectal Tissue Collection  Rectal Fluid  Rectal Swab  Urine  Saliva  Cervical Tissue  Vaginal Tissue  Vaginal Fluid  Semen  Stool  Other: Click here to enter text. | Specimen processing  Clinical Data Request  Clinical Database Development  Statistical Support  Regulatory Support/Management  Stored samples procurement  Consultation  Research Concept Review  Study Recruitment  Community Engagement  Study Design & Data Collection  Regulatory  Linkages to HIV Research Studies  Other: |

***FOR CFAR USE ONLY***

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| Initial Revised  Original Submission Date: Click or tap to enter a date.  New Submission Date(s): Click or tap to enter a date. |
| Review Decision:  Approved  Approved with comment(s)  Revision requested  Rejected |
| Comments: |
| Approved By: |
| List of delivered services, data, specimens: |