**Instructions**

To assist us with fulfilling your request, please provide as much information on the form as possible. Email the completed request form along with any additional documentation to Dr. Sharon Riddler (riddler@pitt.edu) and Amanda Saylor (ajz13@pitt.edu).

**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 [ ] RevisedOriginal 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: |