**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: |