**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](mailto:riddler@pitt.edu)) and Amanda Saylor ([ajz13@pitt.edu](mailto:ajz13@pitt.edu)).

*\*All price estimates given by this core are subject to change due to changes in scope, materials costs and other changes to the project that would affect charges. All changes will be discussed with the investigator as needed.*

*\*Samples or data provided by this core must be used only for the proposed work. If changes to the initial project are planned, contact the core.*

**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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| Consultation  Research Concept Review  Study Recruitment  Community Engagement  Study Design & Data Collection  Regulatory  Linkages to HIV Research Studies  Phlebotomy/ Specimen Collection  Blood (<50mLs) ($100/blood draw)  Blood (>50mLs) ($125/blood draw)  Leukapheresis ($2,100/collection)  Rectal Tissue Collection ($800/collection)  Rectal Fluid  Rectal Swab  Urine  Saliva  Cervical Tissue ($650/collection)  Vaginal Tissue ($750/collection)  Vaginal Fluid  Semen ($100/collection)  Stool  Other: Click here to enter text. | Specimen processing  Blood – plasma only (≤50mLs ($75); 50-100mLs ($125); LVBD (up to 200mLs) ($175))  Blood – plasma/PBMCs (≤50mLs ($125); 50-100mLs ($175); LVBD (up to 200mLs) ($250))  Leukapheresis (full) ($1,200)  Leukapheresis (partial) ($750)  Rectal Tissue ($450)  Repository Management (PBMCs) ($25)  Repository Management (Plasma) ($10)  Clinical Data Request  Clinical Database Development ($50/hour)  Statistical Support ($75/hour)  Regulatory Support/Management ($50/hour)  Recruitment/Coordination ($40/hour)  Stored samples procurement  PBMCs ($25/sample)  Plasma ($10/sample)  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: |