

REQUEST FOR RESEARCH ASSISTANCE

All requests for research support must use this form. Please fax form to: (402) 559-6493. Charges will be assessed for industry sponsored research and/or projects unrelated to research. All requests will be reviewed by a project team based with specific community experience. A member of the CRHD staff will be in contact with you to discuss the project specifics. Contact Athena Ramos at (402) 559-2095 for more information.

Date _____

Title of Project: _____

Principal Investigator Name: _____

Address: _____

Phone: _____ Fax: : _____ E-mail: _____

Person Requesting Services: _____

Phone: _____ Fax: : _____ E-mail: _____

Project Funding Source:

- Federal: NIH Federal: Other State/Local Industry Internal/UNMC

WBS/Cost Center: _____

IRB Approved: Yes Approval # _____ No Not Applicable

Type of Request:

- Consultation on Study Design or Implementation
- Advertising/Promotion of Study
- Media/Promotion Plan Design Print/Publications
- CRHD Website Radio
- Posters TV
- Recruitment of Study Participants

Audience/Target	# Participants Needed	Age Range	Sex
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<input type="checkbox"/> African American			
<input type="checkbox"/> Hispanic/Latino			
<input type="checkbox"/> American Indian			
<input type="checkbox"/> Immigrant/Refugee			
<input type="checkbox"/> Other _____			