## HVCRO Investigator Initiated Research Intake Form

Instructions for completing this form: If you need assistance with an Investigator Initiated Research, email this form with the attached required documents to <a href="https://example.com/html/>
HVCROstudyintake@unmc.edu">https://example.com/html/>
HVCROstudyintake@unmc.edu</a> to get your project into our Start-Up queue. Our IIT Coordinator will contact you for additional details.

If no services are requested, we ask that you complete Section 1 only, select "no services requested at this time" in Section 2, and email the form for Division record keeping. Your information will be entered into our IIT database.

	Section 1		
Principal Investigator:			
Sub-Investigators:			
IRB # (if available):	_		
Clinical Trial per NIH Definition: Yes	No		
NCT#:			
Title:	_		
Primary Objective:			
Target Accrual:			
Funded: Yes No			
Section 2: H\	VCRO Requested Se	ervices	
No Services Requested at this time	IRB Initial Application		
Data Collection Assistance	IRB Continuing Review (	CR Due Date)	
Budget Feasibility/Review	Study Coordinator	Other (explain in Cor	nments)
Section 3: Fundir	ng/Contract Source I	nformation	
Funding Source: A	mount of Funding/Award:		_
Are there any UNMC/Neb Med billable (standard of care or procedural) charges?		Yes	No
Will any procedures/tests be research-only (non standard of care) be billed to project?		ct? Yes	No
Will you need to apply for any other supplemental funding ?(ex-MXH):		Yes	No
Sect	tion 4: Documents		
If HVCRO services are requested, attach the	following documents when em	nailing this form	
Protocol	Contract/Data Use Agreement/MOU (if applicable)		
Budget/Grant Award (if applicable)	Other (explain in Comm	nents)	
Schedule of Events			
Comments:			
Name of person submitting this form:			
Date Submitted			
Mail to: HVCROstudvintake@unmc.edu			