

HCI HIGH-RISK CANCER CLINICS APPLICATION TO USE RESOURCES

(Please answer all questions either on this form or on a separate sheet of paper.)

1. Date of application: _____
2. Project title: _____
3. Principal investigator (name, title, department, address, phone and email):
4. HCI member responsible for this project (name, title, department, address, phone and email):
5. Co-investigator(s) (name, phone, email):
6. Alternate contact (e.g. Project Coordinator) (name, phone, email):
7. Project start date: _____ End date _____
8. IRB approval: yes, IRB # _____ under review _____
9. CCIC approval: yes _____ under review _____ N/A _____
10. Funding (granting agency, funding period, annual direct costs, PI):
11. Project description/consent form (attach a complete copy of your IRB protocol, including consent form where applicable)

12. High-Risk Cancer Clinic resources requested - please be specific:
- Specimens - what, how many, how much, etc.
 - Electronic data - which, which subjects, etc.
 - Paper records - which, which subjects, etc.
 - Subject contact - which, how many, etc.
 - Other staff support - please describe
13. Power calculations - give power calculations justifying your requested sample size and describe relevant analyses.
14. Handling of resources at termination of project - describe whether you will destroy or return any remaining resources at the end of your project.
15. Terms of Agreement - Please review and complete the **Agreement** on the following page and include it with your application.
16. Statement(s) of Confidentiality - If you have requested access to individually identifying information, please submit a signed **Statement of Confidentiality** for each member of your research team (faculty and staff). A blank copy is included in this packet.

Investigator Checklist:

- Application form with IRB protocol and consent forms (if relevant)
- Signed Terms of Agreement
- Signed Statements of Confidentiality for each member of your research team (if relevant)
- A copy of your IRB approval

APPROVED: _____ Date _____
High Risk Clinics Manager

HIGH-RISK CANCER CLINICS
TERMS OF AGREEMENT
TO ACCESS CLINIC RESEARCH RESOURCES

- Agreement to Abide by High-Risk Cancer Clinic Policies:** I have received and reviewed a copy of the High-Risk Cancer Clinics Investigator Guidelines and agree to abide by the Policies governing research use of the resources.

- Intellectual property:** I hereby declare any and all of my corporate associations, sponsorships or forward licensing agreements:

- Collaborator and staff affiliations:** Listed below are all collaborators and staff on this project and their relationship to for-profit companies:

Name

Relationship with a for-profit company? *

Investigator signature _____ **Date:** _____

Investigator name (printed) _____

*Please note that such a relationship does not mean that your application will be denied, only that it must be reviewed by the Senior Director for High Risk Cancer Clinics.