

REQUEST FORM FOR CLINICAL RESEARCH RELEASE TIME

1. Title of Project: _____ Circle one: **New** **Renewal** (progress report due)

2. Name of Requestee (attach Curriculum Vitae): _____ 2b. Dept: _____

2a. **Signature of Requestee:** _____ 2c. Date: _____

3. Names of All Other Relevant Personnel _____ Dept. _____

4. Are Human Subjects Used in this Project? _____ No _____ Yes Date of IRB Approval _____
*required

5. Are Vertebrate Animals Used in the Project? _____ No _____ Yes Date of IACUC Approval _____

6. Dates of Proposed Research Project Period: From: _____ To: _____

7. Performance Site: _____ On Campus _____ Off Campus

8. Space or room number in which research will be conducted _____ (documentation required)

9. Do you have written approval to use this space? _____ No _____ Yes (documentation required)

10. Are you free of *any* personal financial/services/goods involvement with the sponsor, product or Company (including self ownership)? _____ No _____ Yes (if no, documentation required)

11. Which day(s) and session(s) are you requesting for research time and in which quarters?

Quarter(s): _____ Session(s): _____

Requested Effective Date: _____ End Date: _____

12. ** Funding source for research: _____ Funding Source Acct. #: _____

Principal Investigator: _____

Direct Costs _____ Indirect Costs _____ Dates of Project _____

Salary Offset \$ _____ Fringe Benefits \$ _____ Total Offset \$ _____

13. Granting agencies to which you are applying _____

Expected date of submission(s): _____

Amount (dollar and FTE) you are seeking for salary and fringe benefit offset: _____

Please provide a copy of the IRB or IACUC proposal for review.

If the study is considered retrospective or chart review, please provide a detailed summary of:

1. The research hypothesis to be tested
2. The relevant peer-reviewed literature
3. The research variables to be studied
4. The number of clinical charts to be reviewed and used
5. How the results will be analyzed
6. The journals or conferences are you planning to submit the completed study?

Please forward this form for the next signature

Recommendation

Dept. Chair _____ Date _____ Yes No

Director of UOC _____ Date _____ Yes No

Associate Dean _____ Date _____ Yes No

Dean _____ Date _____ Yes No

*** If offset is funded, please forward to VP for Business