Center for Clinical Investigation

Resource update form

***Please fill out the following form and submit to*** [***cci@partners.org***](mailto:cci@partners.org) ***to make a change to an approved CCI protocol and/or request additional resource support.***

# General INFORMATION

|  |  |
| --- | --- |
| Date: |  |
| Principal Investigator: |  |
| Trial Nickname: |  |
| IRB Protocol Number: |  |
| IRB Expiration Date: |  |

# Requested Changes

|  |  |
| --- | --- |
| Clinical Facilities CTC at PBB A4 15 Francis St  ACC at RF 221 Longwood Ave  CTH at BBF 60 Fenwood Rd  Tower 9A at 75 Francis St  Tower 9B at 75 Francis St  Lab Tech services  Phlebotomy  Lab Processing  ECG  Vitals, Height & Weight  Freezer Storage | Processing Facility Use by Study Team  RCNet services  Biostatistics Consultation  Nursing services  NP/PA services  Dietary Services  Other (please describe): |
| Please detail the additional services needed: | |

# SIGNATURE

|  |  |
| --- | --- |
| PI Signature |  |
| PI Name and Title |  |
| Date |  |

**\*\*All protocol changes must be approved by the IRB. Please provide the IRB approval letter and a stamped consent form.**

**\*\* If additional laboratory support is requested, please attach a list of visits, the assays performed at each visit, the number of samples per assay and whether or not you are requesting CCI support for each assay.**