Center for Clinical Investigation

Resource update form

***Please fill out the following form and submit to*** ***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.**