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  ROC-B 830 Boylston St  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.**