Version 6-2023

RESURG PI resource request

Last, First Name	
Department/Division	

About Your Research Study

1. Name of Research Study:
2. Type of Study:
   a. Retrospective Chart Review ☐
   b. Prospective Clinical Trial ☐
   c. Prospective Observational Study☐
      (i.e. Requires a patient survey, informed consent, etc.)
   d. Other ☐
      i. Please identify which type of study:
3. Is this study only being conducted at UC Davis YES NO
   a. If **No**, please explain who the main site is.
   b. If multi-center, do you have a Data Use Agreement (DUA) or contract in place and if so please attached. YES NO
4. Does your study have funding? YES NO
   a. If yes, what is the funding source? (i.e. Sponsor, grant, NIH, department funded, etc.)
5. Do you need regulatory/IRB help? YES NO
   a. Would you like help submitting an IRB? YES NO
   b. If **Yes**, what type of package needs to be submitted? INTIAL MODIFICATION
   c. Can we manage an online Regulatory and study folder for your study? YES NO
6. Estimated length of study?
7. How many patients do you plan to enroll in the study?
8. Does this study require REDCap database creation? YES NO

Research Assistants

9. How many Research Assistants will your study need?
10. What is the time commitment that the RAs will need to commit to your study? (Estimated hours per week)
11. Please provide a description of the type of work the Research Assistants will be taking part in (protocol development, IRB submission, IRB regulatory oversight, data entry, screening, enrolling (consent, QI), creating a REDCap database, etc.):

Please complete the entirety of this form and attach any relevant documents (contracts, DUA, etc.) in an email sent to hs-resurg@ucdavis.edu