



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Clinical Translational Research Site Services/Resources Requested Form

Full Title of Study:

Industry Sponsored

Non-Industry Sponsored

Institutional Review Board (IRB) #:

Principal Investigator (Full Name/Degrees):

Office#:

Cell#:

(Recommended)

Email:

Must be UM/JMH Faculty, Florida licensed and listed as key personnel on protocol)

Study Physician Name:

Office#:

Cell#:

(Recommended)

Email:

Study Coordinator Name:

Office#:

Email:

Cell#

(Recommended)

Project Start Date:

Project End Date:

Number of Participants:

Number of CTRS Visits/Week

Services/Resources

- Room Use:** Interview Room Exam Room
- DXA** (up to 450lbs) Whole Body Hip Spine Forearm
- Vital Signs**
- Phlebotomy**
- Medication Administration:** Route
- Nursing Observation:** hrs
- Pharmacokinetics:**
- Duration (hrs) Number of Time points:
- EKG**
- Urine Collection**
- 24hrs urine Spot Urine
- Blood Specimens Processing:** Centrifuge Aliquot Slides
- Urine Specimen Processing:** Aliquot Urine pregnancy Urine Analysis Drug Screen
- Specimens Storage:** -20°C -80°C Refrigeration Storage
- Storage Duration (#days/weeks/months)
- Specimen Shipping:** Frozen (dry ice required) Ambient

Please describe additional services needed or any Comments