



## Center for Clinical Investigation APPLICATION FORM

Please complete this CCI application and submit to [cci@partners.org](mailto:cci@partners.org) with the following attachments:

- **Stamped Consent Form**
- **Protocol Summary**
- **CCI study orders. Templates and instructions can be found at <https://www.brighamandwomens.org/research/center-for-clinical-investigation/policies-and-forms>**

GENERAL INFORMATION			
CCI Application Date:		Funding Source:	
Application Submitter:		PeopleSoft Fund/Cost Center #:	
CLINICAL TRIAL INFORMATION			
Anticipated Visit Start Date:		Initiated by:	IRB Application Status:
Trial Nickname:		<input type="checkbox"/> Industry	<input type="checkbox"/> Not yet submitted
IRB Protocol Number:		<input type="checkbox"/> Investigator	<input type="checkbox"/> Under Review
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Approval Date: _____
Anticipated # Subjects:		Number of Visits/Subject	
STUDY CONTACT INFORMATION			
Principal Investigator:		Research Coordinator:	
Department/Institution:			
Phone:		Phone:	
E-mail:		E-mail:	
Co-Investigators:			
SERVICES REQUESTED			
<input type="checkbox"/> Clinical Facilities: <input type="checkbox"/> CTC at PBB A4 15 Francis St <input type="checkbox"/> CTH at BBF 60 Fenwood Rd			
<input type="checkbox"/> Exam Room <input type="checkbox"/> Lab Tech services <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Lab Processing <input type="checkbox"/> ECG <input type="checkbox"/> Vitals, Height & Weight <input type="checkbox"/> Freezer Storage <input type="checkbox"/> Processing Facility Use by Study Team <input type="checkbox"/> RCNet services <input type="checkbox"/> Biostatistics Consultation		<input type="checkbox"/> Outpatient NP/PA <input type="checkbox"/> History & Physical <input type="checkbox"/> Medical Exam <input type="checkbox"/> Outpatient RN <input type="checkbox"/> IV Insertion <input type="checkbox"/> Drug administration <input type="checkbox"/> OGTT <input type="checkbox"/> Dietary Services <input type="checkbox"/> Other (please describe):	
SIGNATURE			
PI Signature			
PI Name and Title			
Date			

**\*\*All fields must be completed in order for the application to be processed.**

**\*\*IRB approval must be submitted prior to visits.**

**\*\*All studies with Industry funding will be charged industry rates.**