



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	
<input type="checkbox"/> Clinical Facilities <input type="checkbox"/> CTC at PBB A4 15 Francis St <input type="checkbox"/> ACC at RF 221 Longwood Ave <input type="checkbox"/> CTH at BBF 60 Fenwood Rd <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"/> Nursing services <input type="checkbox"/> Dietary Services <input type="checkbox"/> Other (please describe):
Please detail the changes 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.**