

Steps to completing the ROUTE SHEET: Save blank ROUTE SHEET to your desktop; Complete the required information; Electronically sign and save the completed form; Last step, forward to respective Parties for their approvals. Thank you!



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER**

Route Sheet

CLINICAL RESEARCH INSTITUTE
Phone: (806) 743-4222 • Suite BA-101 • Mail Stop 8183

THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH ALL NEW PROJECTS
Scan and submit to: clinicalresearch@TTUHSC.EDU or mail original to STOP 8183

Principal Investigator	Campus/School	Department	Room/STOP
Phone	Fax	Email Address	
Sub-Investigator	Campus/School	Department	Room/STOP
Sub-Investigator	Campus/School	Department	Room/STOP
Sub-Investigator	Campus/School	Department	Room/STOP

If more than three Sub-Investigators, please use second sheet

Study Title (max 150 characters):

Where will the human subjects/charts be recruited from?

How will the human subjects/charts be identified?

Estimated study start & completion dates:

List study expenses (budget) and how they will be funded: *Attach budget details on separate sheet, if needed*

Assistance requested from Institute: (check all that apply)	
IRB Work <input type="checkbox"/>	Recruitment/Consenting <input type="checkbox"/>
Data Collection/Chart Reviews <input type="checkbox"/>	Specimen Collection <input type="checkbox"/>
Statistical Analysis <i>List of documents needed</i> <input type="checkbox"/>	Abstract/Poster/Manuscript Preparation <input type="checkbox"/>
Study Design <i>Complete required form</i> <input type="checkbox"/>	Other <input type="checkbox"/>
Sample Size <i>Complete required form</i> <input type="checkbox"/>	

Would you be interested in having a student(s) involved in this study? Y N

Would you be interested in having a resident(s) involved in this study? Y N

Please note, in order to provide adequate support for your study, the Clinical Research Institute (CRI) requires you to submit a Semi-Annual Report Form to the Institute. This report form must be completed every June & December. The principal investigator will receive an email and a reminder before this report is due.

PUBLICATION

It is important to remember that some sort of publication ensues from your research.

Please note, using the CRI resources requires that you INVOLVE the CRI in the preparation of any presentation, abstract, or publication resulting from this study.

Further, please include an acknowledgement that, **“This study was supported in part by the TTUHSC CLINICAL RESEARCH INSTITUTE.”**

Should you feel that the Director(s), coordinator(s), medical student, and/or resident involved with your study has made a significant intellectual contribution, it is recommended you consider including them as a co-author on any presentation/publication.

<p><u>INVESTIGATOR:</u> <i>By signing below, I certify that (1) the information submitted within this form is complete and accurate to the best of my knowledge, (2) I accept the responsibility for the scientific conduct of the project, and (3) I have completed the TTUHSC required training for clinical investigators.</i></p>		<p><u>DEPARTMENT CHAIR or AD of Research:</u> <i>I have reviewed the protocol and find it consistent with TTUHSC and department policies and objectives. The Investigator has the skills and the department has the available resources (space, equipment, personnel, and funding if applicable) to support this program (there are no costs for the services of the Institute).</i></p>	
Investigator Signature		Department Chair or Associate Dean of Research Signature	
Print Name	Date Signed	Print Name	Date Signed
		Regional Dean Signature	
		Print Name	Date Signed

**** PLEASE INCLUDE A COPY OF YOUR PROTOCOL AND DATA COLLECTION SHEET WHEN SUBMITTING THIS FORM ****

- Investigator Required Training:
- [CITI Training](#)
 - [Financial Disclosure](#)
 - [iRIS User Account](#)

<u>CRI Office Use Only</u>	
Date Rec'd:	_____
CRI #:	_____
IRB App'd:	_____
IRB#:	_____