TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Clinical Research Institute

Route Sheet

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

Directions 1) Save blank ROUTE SHEET to your computer desktop; 2) Fill in the requested information; 3) Electronically sign and save the completed form; 4) Forward document to respective Parties for their approvals.

Principal Investigator	**Campus/School**	**Department**	
Phone	**Email Address**		
Sub-Investigator	Campus/School	Department	Email address
Sub-Investigator	Campus/School	Department	Email address
Sub-Investigator	Campus/School	Department	Email address

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

Study Title (max 200 characters)**:**

Assistance requested from Institute: (check all that apply)

- ☐ IRB Work
- ☐ Experimental Design/Statistical Methods/Power Analysis
  Date needed by _____
- ☐ Abstract/Poster/Manuscript Preparation
- ☐ Coordinator Support
- ☐ Recruitment/Consenting
- ☐ Data Collection/Chart Reviews
- ☐ Other _____

INVESTIGATOR: *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 oversight and conduct of the project.*

Investigator Signature

Print Name **Date Signed**

DEPARTMENT CHAIR: *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 protocol (There are no costs for the services of the Clinical Research Institute).*

Department Chair Signature

Print Name **Date Signed**

CRI Office Use Only

Date Rec'd: _____

CRI #: _____

Regional Dean Signature (For Permian Basin Campus Only)

Print Name Regional Dean Permian Basin Date Signed

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

Supplemental Information

PUBLICATION

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.

When publishing your results in any form including posters, please acknowledge the contribution of the CRI using the following wording:

"The authors wish to acknowledge the contribution of the Texas Tech University Health Sciences Center Clinical Research Institute for their assistance with this research"

Please consult with Cathy Lovett, Managing Director of the CRI should you wish to customize your acknowledgement of the Clinical Research Institute.

NOTE: Our biostatisticians potentially perform detailed and time consuming design/analysis. Please discuss with them your expectations and any potential role for co-authorship in any associated publication(s).

In order to track the scientific and public impact of this research, please notify the CRI when your research is published (including scientific journals, conferences, presentations, abstracts, etc) or mentioned in publicly accessible media.

Links to Institutional Required Training:

CITI Training (http://www.ttuhsc.edu/research/hrpo/irb/edurequirements.aspx)

Financial Disclosure (https://tthsclubbock.co1.qualtrics.com/SE/?SID=SV_50avE4kvhyz71UF)

iRIS User Account (http://www.ttuhsc.edu/research/iris/)

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.