



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)	
<input type="checkbox"/> IRB Work	<input type="checkbox"/> Coordinator Support
<input type="checkbox"/> Experimental Design/Statistical Methods/Power Analysis	<input type="checkbox"/> Recruitment/Consenting
Date needed by _____	<input type="checkbox"/> Data Collection/Chart Reviews
<input type="checkbox"/> Abstract/Poster/Manuscript Preparation	<input type="checkbox"/> Other _____

INVESTIGATOR: <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 oversight and conduct of the project.</i>	DEPARTMENT CHAIR: <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 protocol (There are <u>no costs</u> for the services of the Clinical Research Institute).</i>
Investigator Signature	Department Chair Signature
Print Name	Date Signed
CRI Office Use Only	
Date Rec'd: _____	Regional Dean Signature (For Permian Basin Campus Only)
CRI #: _____	
	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

Page 2 of 2

PUBLICATION

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

CRI requests that you involve the CRI in the preparation of any presentation, abstract, or publication resulting from this study.

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.

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

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.

Links to Institutional Required Training:

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

[Financial Disclosure \(https://tthscclubbock.co1.qualtrics.com/SE/?SID=SV_50avE4kvhyz71UF\)](https://tthscclubbock.co1.qualtrics.com/SE/?SID=SV_50avE4kvhyz71UF)

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