



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](mailto: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.

<b>Principal Investigator</b>	<b>Campus/School</b>	<b>Department</b>	
<b>Phone</b>	<b>Email Address</b>		
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):

<b>Assistance requested from Institute: (check all that apply)</b>	
<input type="checkbox"/> IRB Work	<input type="checkbox"/> Coordinator Support
<input type="checkbox"/> Experimental Design/Statistical Methods/Power Analysis Date needed by _____	<input type="checkbox"/> Recruitment/Consenting
<input type="checkbox"/> Abstract/Poster/Manuscript Preparation	<input type="checkbox"/> Data Collection/Chart Reviews
	<input type="checkbox"/> Other _____

<b>INVESTIGATOR:</b> <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>		<b>DEPARTMENT CHAIR:</b> <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>	
<b>Investigator Signature</b>		<b>Department Chair Signature</b>	
<b>Print Name</b>	<b>Date Signed</b>	<b>Print Name</b>	<b>Date Signed</b>
<b>CRI Office Use Only</b>		<b>Regional Dean Signature (For Permian Basin Campus Only)</b>	
Date Rec'd: _____			
CRI #: _____		<b>Print Name Regional Dean Permian Basin Date Signed</b>	

**\*\* 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 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 statement, **“This study was supported in part by the TTUHSC CLINICAL RESEARCH INSTITUTE.”**

Should you feel that the Director(s), statistician(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.

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.

#### **Contact information:**

Clinical Research Institute

Email: [ClinicalResearch@TTUHSC.EDU](mailto:ClinicalResearch@TTUHSC.EDU)

Phone: 806.743.4222 Fax: 806.743.4371

Address: 3601 4<sup>th</sup> Street, STOP 8183

Lubbock, TX 79430-8183

**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 \(https://tthsc.lubbock.co1.qualtrics.com/SE/?SID=SV\\_50avE4kvhyz71UF\)](https://tthsc.lubbock.co1.qualtrics.com/SE/?SID=SV_50avE4kvhyz71UF)

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