

Application for a Clinical Research Administrator (CRA) / Coordinator (CRC)

PI Name:

Department:

Division/Discipline:

Company Name:

Location: Biobat Incubator Tech at 710

Rider Attached (*required*): Yes No

Award Title:

Extramural Sponsor:

Sponsor Award # (from NOA)

RF Award Number:

Project Task Award

Start Date: End Date:

Protocol Review:

Local IRB Approval WCG Approval Other If Other, identify:

Protocol Number: IRB Approval Date: IBC Approval Date:

Protocol Title:

Effort required for a CRA:

Full-time Yes No % Effort

Has a CRA/SC been budgeted for? Yes No

Timeframe for a CRC: 3 months 6 months 9 months 12 months Other

If 'other,' enter timeframe:

Resources Requested:

Phlebotomy ECG Read-only Access to EMR

Where will the Research take place?

CTSC Hospital Space Building Room/Suite Number

FOR INTERNAL PURPOSES:

Approved: Yes No Date: Rider Attached? Yes No N/A

Name:

Title:

Signature:

CRA Name:

Date of Birth: