



NEW Application to use CTSI Core Services & Resources

If your project has extramural funding and the costs for all CTSI resources and services you plan to use are covered by your sponsor or grant, **do not complete this application**. Instead, use the Purchase of Service Application located at: <http://www.med.nyu.edu/ctsi/researchers/apply.html>

Please Note: The CTSI supports the education and training of new investigators in the development of their translational and clinical research proposals. If you need assistance with this process, please contact **Hal Rosenblatt, Protocol Manager**, for help at (212) 263-8040 or hal.rosenblatt@nyumc.org

CTSI CORES & RESOURCES REQUESTED (Before submitting this application, visit the CTSI website at: <http://www.med.nyu.edu/ctsi/researchers/services.html> and choose the CTSI core service(s) that you are requesting for your study. Then contact the CTSI core service(s) of your choice to determine feasibility and costs. Record this information in Sections F and G of this application.

A. DATE OF THIS REQUEST: _____

B. GENERAL INFORMATION

Principal Investigator Name: _____ Dept/Div: _____

Are you a Senior Investigator? (Associate Professor or Above) Yes No

If not, are you a: Med Student Intern/Res Fellow Jr. Faculty

If so, please provide Mentor's Name and email address: _____

PI Address: _____

PI Phone & Fax #: _____

PI Email Address: _____

Contact Person: _____

Contact Person Phone #: _____

Contact Person Email: _____

Co-Investigator Name, Dept/Div: _____

Co-Investigator Name, Dept/Div: _____

Co-Investigator Name, Dept/Div: _____

Complete Title of Project: _____

Project IRB # (if applicable): _____



C. STUDY FUNDING SOURCES (check whichever apply and supply) Pending or Awarded:

- Federal granting agency: _____ Project# (if funded): _____
- Foundation granting agency: _____ Project# (if funded): _____
- Other agency (specify): _____ Project# (if funded): _____
- Industry contract (company): _____ Project# (if funded): _____
- No external or internal funding _____

Provide chartfield/acct. number: _____

Are patient care costs budgeted in your grant? Yes No

If pending, you may apply if you have received a priority score.
If information is not known yet, inform CTSI of results once known.

Score	Percentile

D. STUDY SUMMARY (Provide a summary of your study here.)

Briefly state hypothesis, background, rationale, methods. This should be ~300 to 500 words.

Large empty box for writing the study summary.



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E1. *If your project has extramural funding but the costs for some or all of the CTSI resources and services you plan to use are not covered by your sponsor or grant, please explain a) why these costs are not covered, b) if you expect these costs to be covered in the future (subsequent years of CTSI use) and c) how they will be covered?.*

E2. *If your project has no extramural funding, briefly explain how the requested services for this pilot project will lead to submission for extramural funding of a complete translational or clinical study. If the main goal is to foster a young investigator's translational/clinical research training for a research career, briefly explain how this project will further those goals. Include a mentorship plan.*



F. CTSI CORES & RESOURCES REQUESTED. *[Core(s) should be contacted before submission]*

The following CTSI core(s) have been contacted (*check the ones that apply*):

<input type="checkbox"/> CTSI Clinical Research Center (<i>Complete F1 & F2</i>)	Person contacted: _____
<input type="checkbox"/> CTSI Core Laboratory	Person contacted: _____
<input type="checkbox"/> CTSI Center for Health Informatics & Bioinformatics	Person contacted: _____
<input type="checkbox"/> CTSI Biorepository	Person contacted: _____
<input type="checkbox"/> CTSI Study Design, Biostatistics & Ethics.	Person contacted: _____
<input type="checkbox"/> CTSI Population Health	Person contacted: _____
<input type="checkbox"/> CTSI Community Engagement	Person contacted: _____
<input type="checkbox"/> CTSI Bench to Bedside Consultation	Person contacted: _____
<input type="checkbox"/> Other: _____	Person contacted: _____
<input type="checkbox"/> Other: _____	Person contacted: _____
<input type="checkbox"/> Other: _____	Person contacted: _____

List here the service(s) needed and estimated cost(s):
(Determined after consultation with the above-named persons).

G1. CTSI Clinical Sites *(If your study requests clinical support, provide the following information.)*

Which CTSI site(s) will you use? (*select all that apply*):

<input type="checkbox"/> Bellevue 8 East	<input type="checkbox"/> Coler/Goldwater Hospital	<input type="checkbox"/> Lincoln Medical Center
<input type="checkbox"/> Skirball 8Z	<input type="checkbox"/> Coney Island Hospital	<input type="checkbox"/> Metropolitan Hospital
<input type="checkbox"/> Bluestone	<input type="checkbox"/> Gouverneur Hospital	<input type="checkbox"/> Woodhull Medical Center
<input type="checkbox"/> Other. Specify: _____	<input type="checkbox"/> Kings County Medical Center	<input type="checkbox"/> Other. Specify: _____

Projected CRC Census (First year usage)

Outpatient Visits	# Subjects	# Visits	Total
Inpatient Visits	# Subjects	# Days	Total
Scatter-bed Visits	# Subjects	# Days	Total
Use of CRC Nurses	# Subjects	# Hours	Total
Use of CRC Research Coord.	# Hours		



G2. CTSI Clinical Labs & Procedures

List here the laboratory tests and clinical procedures required for your protocol:

H. DOCUMENTATION REQUIRED

If you are planning to apply to the CTSI to use any of its Cores or Resources, you must provide **the following documents:**

- IRB Application for New Protocol Review
- IRB Approval Letter (if applicable and available)
- Budget
- Billing Plan
- Contract (if applicable)
- Consent Form(s)
- Complete Protocol

It is preferred to have these documents sent electronically. However, if electronic copies of any of these documents are not available, please mail or hand deliver to CTSI at NBV 8-East-36. If you have any questions, contact Hal Rosenblatt at hal.rosenblatt@nyumc.org or call (212) 263-8040.

If the project receives CTSI Scientific Review Committee (SRC) approval, a letter will be sent to you informing you of the approval.

If the project does not receive CTSI SRC approval, a letter will be sent to you informing you of the Committee's concerns. You may then send the CTSI SRC a letter of response and any documents that have been revised.

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