



RENEWAL Application to use CTSI Core Services & Resources

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

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: _____

Complete Title of Project: _____

Project IRB #: _____

C. PROGRESS REPORT

In the space below, provide a Progress Report as follows (most recent information is encouraged). The Progress Report should describe the clinical and scientific progress achieved over the past year. The following information should be included: number of subjects enrolled both during the report period and since initiation of the study, plans to address recruitment if slower than planned, changes to the protocol, unexpected safety concerns and their resolution, interim data and outcomes if appropriate, any changes anticipated in the protocol. It should be no less than one-half page and no more than one page in length. **(Blanks or "No results to date" will not be accepted.)**



Provide a progress report of your study here.

Include any abstracts or publications resulting from this research.

All publications based on research that involved use of CTSI resources **MUST** acknowledge the CTSI and cite its grant number – **NIH/NCRR 1 U54 RR024386-01A1** – in the publication.

Enrollment

Still enrolling subjects? Yes No NA

If no subjects were enrolled on the CTSI CRC over the past year, explain why there has been no such enrollment and why you expect there will be enrollment over the next year:



D. CTSI CORES & RESOURCES REQUESTED. Check the core(s) that you have used over the past year and that you wish to continue to use and indicate the needed services and estimated costs. If you wish to use a core you have not previously been approved for, contact that core prior to submission of this application, then indicate the person contacted, the service needed and estimated cost for that core.

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

- CTSI Clinical Research Center (Complete E1 & E2)
CTSI Core Laboratory
CTSI Center for Health Informatics & Bioinformatics
CTSI Biorepository
CTSI Study Design, Biostatistics & Ethics.
CTSI Population Health
CTSI Community Engagement
CTSI Bench to Bedside Consultation
Other:
Other:
Other:

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

E1. CTSI Clinical Sites (If your study requests clinical support, provide the following information.)

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

- Bellevue 8 East, Skirball 8Z, Bluestone, Other. Specify:
Coler/Goldwater Hospital, Coney Island Hospital, Gouverneur Hospital, Kings County Medical Center
Lincoln Medical Center, Metropolitan Hospital, Woodhull Medical Center, Other. Specify:

Projected CRC Census (Next year usage)

Table with 4 columns: Category, # Subjects, # Visits/Days/Hours, Total. Rows include Outpatient Visits, Inpatient Visits, Scatter-bed Visits, Use of CRC Nurses, and Use of CRC Research Coord.



E2. CTSI Clinical Labs & Procedures

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

F. DOCUMENTATION REQUIRED

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

- IRB request for continuation application
- IRB continuation approval letter (if applicable and available)
- Consent Form(s)
- Complete Protocol (only if revised since last CTSI review)
- Any other documents pertinent to this review (e.g., publication, manuscript, abstract)

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) re-approval, a letter will be sent to you informing you of the re-approval.

If the project does not receive CTSI SRC re-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.

FOR OFFICE USE ONLY

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