

*** All fields must be completed in order for the application to be processed. ***

Please submit completed form and the study's IRB approved Detailed Protocol to Maire Leyne by email
mleyne@chgr.mgh.harvard.edu or by fax (617)643-3080.

Principal Investigator

Principal Investigator: _____

Extension: _____ Pager: _____ Email: _____

Department: _____ Division: _____

Study

Complete Name of Study: _____

IRB Protocol #: _____

Study Type: Genetic Non-Genetic

Fund # for Billing: _____

Funding: Investigator/Departmental
 Industry Sponsored

Anticipated Start Date: _____

Estimated Completion Date: _____

Anticipated # of Participants: _____

Number of Visits/Participants: _____

Average Length of the Visit: _____

Research Nurse/Coordinator/Contact Person: _____
(Please circle the appropriate title/position)

Extension: _____ Pager: _____ Email: _____

Facilities Required

- Exam Room
- Phlebotomy Room
- Interview Room
- Observation Room

- Office Space
- Prep Lab Facility
- Short-term -20°C Freezer Storage
- Photo Copier

Supplies Required

- Phlebotomy
- Prep Lab

- Biopsy
- Oragene Kit (oral DNA kit)

Professional Services Required

- Medical Assistant:
 - Phlebotomy
 - Prep Lab
 - EKG (coming soon)
- Genetic Counselor

- Grant Advisor