

\*\*\* 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