***ATTACHMENT A***

***CANTON CITY HEALTH DISTRICT***

***RESEARCH REQUEST FORM***

Please type responses in yellow sections. All sections must be completed. Form should be submitted electronically to CCHD.

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| (1) **Title of Study or Project** |  |
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| (2) **Principle Investigator(s):** Attach a second sheet if necessary.  |
| **Pi Name(s)** | **Credentials** | **Address** | **Phone** | **E-Mail** |
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| (3) **PI Qualifications** |
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| (4) **Info of All Other Persons who will be Involved in Conducting the Research Project** |
| **Name** | **Credentials** | **Role** | **Phone** | **E-Mail** |
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| (5) **This study Is Exempt or Non-exempt:**  |  |
|  **If Non-exempt:** | * + - * 1. **Was the study submitted to another IRB? If yes, whose?**
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|  | * + - * 1. **Is a copy of the full research proposal as submitted to the IRB included with this request to CCHD?**
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|  | * + - * 1. **Was the other IRB request approved or denied?** (Attach a dated copy of the written IRB approval.)
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| **If Exempt, why was the study exempt?**  |  |
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| (6) **Study Dates**:  |  |
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| (7) **Purpose/Goal(s) of the Research Project:**  |  |
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| (8) **Identify the Need for this Research Project** (include references if applicable):  |  |
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| (9) **Study Population including inclusion/ exclusion criteria and number of intended research subjects:**  |  |
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| (10) **Sites/Locations of Interaction with** **Study Participants:** |  |
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| (11) **Dates the Researcher will be at a CCHD Site or Interacting with CCHD Clients** (whichever time period is longer): |  |
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| (12) **Will the Work Require any Meetings to be Held at CCHD?**  |  |
| **If yes, how many meetings and with whom?** |  |
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| (13) **Method of Data Analysis:**  |  |
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| (14) **Potential Risks:** |  |
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| (15) **Risk Minimization Procedures:**  |  |
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| (16) **Study Benefits:** |  |
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| (17) **How will the Study Results be Disseminated and to Whom?**  |  |
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| (18) **How will CCHD be Acknowledged in the Study Documentation (see policy for requirements)?**  |  |
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| (19) **Is there an intent to publish the study in a peer-review journal?** |  |
| **If yes, are you aware that CCHD reserves the right to be included as a co-author?**  |  |
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| (20) **List All Actual and In-kind Resources Dedicated to the Study (including any financial compensation):**   |  |
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| **(21) Would you be Willing to Present your Project and Results to CCHD Staff in a Lecture Format?** |  |
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| (22) **Any Other Info You Want to Provide?:** |  |

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| ***FOR CCHD USE ONLY (Applicants please do not write in this section)*** |
|  |
| ***Date Study Request Received*** |  | ***Date CCHD IRB Committee Met*** |  |
|  |
| ***Requesting Division Director*** |  |
|  |
| ***Research Study Approved or Disapproved? If Disapproved, Why?*** |  |
|  |  |
| ***Requestor Notified By:*** |  | ***On:*** |  |