



Work Order

PAGE 1 OF THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH ALL NEW PROJECTS

Submit to: clinicalresearch@TTUHSC.EDU or mail original to STOP 8183

Directions 1) Save blank WORK ORDER to your computer desktop; 2) Fill in the requested information; 3) Electronically sign and save the completed form; 4) Forward document to respective Parties for their approvals.

Principal Investigator	School	Department	Contact No.
Email Address			
Sub-Investigator	School	Student	Department
		<input type="radio"/> Yes <input type="radio"/> No	
Sub-Investigator	School	Student	Department
		<input type="radio"/> Yes <input type="radio"/> No	
Sub-Investigator	School	Student	Department
		<input type="radio"/> Yes <input type="radio"/> No	

Study Title (Max 200 characters):

Assistance requested from Institute: (check all that apply)

<input type="radio"/> IRB Work **Date you want application submitted _____ Minimum of 10 working days required once final protocol is received by CRI.	<input type="radio"/> Coordinator Support
<input type="radio"/> Experimental Design/Statistical Methods/Power Analysis	<input type="radio"/> Recruitment/Consenting
<input type="radio"/> Statistical Analysis **Date needed by _____ (minimum of 10 working days' notice required)	<input type="radio"/> Data Collection
<input type="radio"/> Abstract/Poster/Manuscript Preparation/Review	<input type="radio"/> Other _____

INVESTIGATOR: <i>By signing below, I certify that (1) the information submitted within this form is complete and accurate to the best of my knowledge; (2) I accept the responsibility for the oversight and conduct of the project; (3) The CRI reserves the right to not participate or withdraw services; (4) I have the option to pursue this project independent if the CRI is unable to provide assistance.</i>	DEPARTMENT CHAIR: <i>I have reviewed the protocol and find it consistent with TTUHSC and department policies and objectives. The Investigator has the skills and the department has the available resources (space, equipment, personnel, and funding if applicable) to support this protocol (There are <u>no costs</u> for the services of the Clinical Research Institute).</i>
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Investigator Signature	Department Chair Signature

Print Name	Date Signed	Print Name	Date Signed
CRI Office Use Only		Regional Dean Signature (For Permian Basin Campus Only)	
Date Rec'd: _____			
CRI #: _____		Print Name Regional Dean Permian Basin	Date Signed

**** PLEASE INCLUDE A COPY OF YOUR DRAFT PROTOCOL AND DATA COLLECTION SHEET WHEN SUBMITTING THIS FORM ****

Supplemental Information

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PUBLICATION

It is important to remember that some sort of publication ensues from your research.

In any form of publication of your results, including posters, please acknowledge the contribution of the CRI using the following wording:

“The authors wish to acknowledge the contribution of the Texas Tech University Health Sciences Center Clinical Research Institute for their assistance with this research”

Please consult with Cathy Lovett, Managing Director of the CRI should you wish to customize your acknowledgement of the Clinical Research Institute.

NOTE: Our biostatisticians potentially perform detailed and time consuming design/analysis. Please discuss with them your expectations and any potential role for co-authorship in any associated publication/s.

In order to track the scientific and public impact of this research, please notify the CRI when your research is published (including scientific journals, conferences, presentations, abstracts, etc) or mentioned in publicly accessible media.

Contact information:

Clinical Research Institute

Email: ClinicalResearch@TTUHSC.EDU

Lubbock: Phone: 806.743.4222 Fax: 806.743.4371
Address: 3601 4th Street, BA-101, STOP 8183
Lubbock, TX 79430-8183

Odessa: Phone: 432.703.5390 Fax: 432.335.5289
Address: 800 W. 4th Street, Room 2C-44
Odessa, TX 79763-4368

Links to Institutional Required Training:

- [CITI Training \(http://www.ttuhscc.edu/research/hrpo/irb/edurequirements.aspx\)](http://www.ttuhscc.edu/research/hrpo/irb/edurequirements.aspx)
- The training and disclosure modules may be accessed through “Required Courses” on ACME, through the “Training Resources” tab on WebRaider or by clicking <http://www.ttuhscc.edu/IT/ACME/roles/authenticated/courses.aspx> then click next or https://tthsc.lubbock.co1.qualtrics.com/jfe/form/SV_0v4zMgpJvoXEjXv. When completing the disclosure portion of the module, be sure to indicate that you ARE involved in research.
- [iRIS User Account \(http://www.ttuhscc.edu/research/iris/\)](http://www.ttuhscc.edu/research/iris/)