**CLINICAL RESEARCH SERVICES**

**BUDGET ESTIMATE REQUEST FORM**

**Email completed form to** [**crsbudgetrequest@ucsf.edu**](file:///C%3A%5CUsers%5Caredditt%5CDocuments%5Ccrsbudgetrequest%40ucsf.edu)

**Please complete ALL Required Fields marked with \***

|  |
| --- |
| **\*Protocol Title:** |
| **\*Request type** (check all that apply)

|  |
| --- |
| [ ]  New Request [ ]  Update to Study Protocol/New Amendment [ ]  Update to SPL/New Lab Manual  |

 |
| **\*Principal Investigator (Financially Responsible PI) & Title (Professor, Assistant Professor, M.D.):**       | **\*Department/Email/Phone:**      |
| **\*Financial Contact Name:**       (For billing questions) | **\*Financial Contact Email:**       |
| **\*Lead Coordinator/Project Manager Name(s):**       | **\*Lead Coordinator/Project Manager Email(s):**       |

**\*Content Checklist FOR CRS REQUESTS**

**Please provide the following required documents with your submission**

[ ]  Protocol / Proposal / Schedule of Events

[ ]  Coverage Analysis Determinations\* (for nursing service requests at UCSF Medical Centers)

[ ]  Lab Manual and flowchart or synopsis of processing instructions if no lab manual/flowchart are available (for sample processing requests)

  **All requests will be pending until all required documents are received.**

 **\*Funding Information**

 [ ]  **Funded**  [ ]  **Pending Funding/Proposal**

|  |  |
| --- | --- |
| \*Anticipated Start Date: Click or tap to enter a date. | \*Anticipated End Date: Click or tap to enter a date. |

 **\*Funding Source**

*Please check the appropriate box and* ***specify the agency/sponsor name***

 [ ]  Federal (NIH, NSF, DOD, etc.):       [ ]  Cooperative Group:

 [ ]  Non-profit Organization:       [ ]  Industry Sponsor-initiated:

 [ ]  Investigator-initiated:       [ ]  Industry Pass Through:

 [ ]  University (non-UCSF):       [ ]  External Entity:

 **\*Study Type** (check all that apply)

|  |
| --- |
| [ ]  Clinical Trial [ ]  Translational Science/Prevention Trial [ ]  Behavioral Science/Observational [ ]  Pilot/Feasibility [ ]  Multi Arm/Cohort |

 **EQUIPMENT REQUIRED FOR STUDY/COMMENTS**

|  |
| --- |
| **List study-team provided equipment & Applicant Comments:**       |

**\*Sites Requested**

Please indicate your preferred site(s) for this work:

|  |  |
| --- | --- |
| **Adult Outpatient Units** | **Pediatric Outpatient Units**  |
| [ ]  | Parnassus Outpatient (Monday-Friday, 08:00AM - 5:00PM), Deborah Zeitschel, RN, MSN, 415-221-4810 Ext. 26396, Deborah.Zeitschel@ucsf.edu | [ ]  | Benioff Children’s Hospital Mission Bay – Pediatrics (Monday-Thursday, 08:00AM-4:30PM), Deborah Zeitschel, RN, MSN, 415-221-4810 Ext. 26396, Deborah.Zeitschel@ucsf.edu |
| [ ]  | ZSFG Outpatient (Tuesday-Thursday, 08:00AM -4:30PM)/Smoking isolation room/Negative Pressure Isolation, Bernadette Tobin, RN, 628-206-8239, Bernadette.Tobin@ucsf.edu | [ ]  | **Pediatric Neurodevelopment** -Shannon Lundy, PhD, (415-502-2246) Shannon.Lundy@ucsf.edu Lauren Christopher, MA, (415-502-3689), Lauren.Christopher@ucsf.edu |
| [ ]  | San Francisco Veterans Affairs Medical Center (Thursdays, 08:00AM-4:30PM), Deborah Zeitschel, RN, MSN, 415-218-4927, Deborah.Zeitschel@va.gov | [ ]  | Mobile Nursing for Adult/Pediatric: Outpatient & Inpatient. If requesting, please contact nurse manager to ensure CRS can accommodate your needs. |
| **Adult Inpatient Units** |
| [ ]  | Parnassus Inpatient |  |

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|  **Sample Processing Only** **Core Lab Manager: 415-218-3698** |
| [ ]  |  Mission Bay: Gateway Bldg – Sample processing only (Monday-Friday (08:00AM-5:00PM) | [ ]  | PCMB – Sample processing only(Monday- Friday, 08:00AM-5:00PM)  |
| [ ]  | Parnassus – Sample processing only (Monday-Friday (08:00AM-5:00PPM) | [ ]  | ZSFG – Sample processing only (Monday-Friday (08:00AM-5:00PM) |
| [ ]  | SFVA – Sample processing only Monday-Thursday (08:00AM-5:00PM) |  |  |

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| **Adult Research Phlebotomy**  |
| [ ]  | Mission Bay Mission Bay Clinical Lab - Gateway Medical Building (Monday-Friday, 07:00AM-5:30PM) |

 **PARTICIPANT POPULATION**

 [ ]  **Neonatal** [ ]  **Pediatrics** [ ]  **Adults** [ ]  **Geriatrics**

Birth – 2 years 2-17 years 18-64 years >64 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Arm**(E.g. Screening, Arm A, etc.) | **# Participants\*** | **# Inpatient Days** | **# Outpatient Visits**  | **# Mobile Visits** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |

 Please note which arms or cohorts should be included or indicate ALL expected at UCSF

**REQUESTED CRS RESOURCES**

[**NURSING**](http://ctsi.ucsf.edu/crc/services_matrix.php#nursing)

***If your study is complex in nature, contact the nurse manager at the site where you plan to conduct the majority of your research prior to submitting this application.***

***On your Schedule of Events, please highlight/indicate which services you are requesting from CRS.***

[ ]   ***Requesting sample processing only, please skip [to page 4.](#Text138)***

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| **COMMON PROCEDURES: *Please select only the RESEARCH services you are requesting. If requesting adult infusion center services, please fill out adult infusion center budget request form.*** IP / OP IP / OP |
| [ ]  **/** [ ]  | Vitals Signs: Height / Weight / BSA | [ ]  **/** [ ]  | Vital Signs : Multiple positions (Orthostatitcs) |
| [ ]  **/** [ ]  | Specimen Collection | [ ]  **/** [ ]  | POCT (Urine pregnancy, Blood Glucose) |
| [ ]  **/** [ ]  | Direct Venipuncture 4 tubes or less | [ ]  **/** [ ]  | Direct Venipuncture 5 tubes or more |
| [ ]  **/** [ ]  | Medication Administration: Standard | [ ]  **/** [ ]  | Medication Administration: High-risk meds |
| [ ]  **/** [ ]  | ECG (12 lead): Single/Triplicate per time point, No interpretation |
| [ ]  **/** [ ]  | PK Serial Blood Testing: With/Without Observation # of time points =  | [ ]  **/** [ ]  | Facility Use: (15 min. increments) Duration (min) =  |
| **METABOLIC TESTING** IP / OP IP / OP |
| [ ]  **/** [ ]  | Oral Glucose Tolerance (2 hr Test) | [ ]  **/** [ ]  | Oral Glucose Tolerance (4 hr Test) |
| [ ]  **/** [ ]  | Mixed Meal Tolerance (2 hr Test) | [ ]  **/** [ ]  | Mixed Meal Tolerance (4 hr Test) |
| [ ]  **/** [ ]  | Hyperinsulinemic-Euglycemic Clamp |  |  |
| **PROCEDURAL ASSISTANCE** IP / OP  IP / OP |
| [ ]  **/** [ ]  | Moderate Sedation Administration by RN | [ ]  **/** [ ]  | Lumbar Puncture Assistance |
| [ ]  **/** [ ]  | Bronchoscopy Assistance | [ ]  **/** [ ]  | Fat Biopsy Assistance |
| **PATIENT MONITORING** IP / OP  IP / OP |
| [ ]  **/** [ ]  | Patient Monitoring Post Treatment: (Standard) 1 medication | [ ]  **/** [ ]  | Patient Monitoring Post Treatment: (Pediatric, High Risk or Biopsy-Over 4 Hours, > 1 medication |
| **OTHER** IP / OP  IP / OP |
| [ ]  **/** [ ]  | Blood / Blood Product Infusion | [ ]  **/** [ ]  | Blood Bag Draw up to 500cc |
| [ ]  **/** [ ]  | Hydration Pre and Post Infusion | [ ]  **/** [ ]  | Skin Testing |
| [ ]  **/** [ ]  | Patient Teaching | [ ]  **/** [ ]  | Questionnaires/Assessments (administered by RN) |
| **Pediatric Neurodevelopment**  OP   OP |
|  [ ]  | Study Preparation |  [ ]   | Test Instruments |
|  [ ]  | Scoring |  [ ]  | Report Writing |

**SAMPLE PROCESSING SERVICES**

**Select all that apply:**

| **Sample Processing** | **Estimated # tubes per participant** |  | **Sample Storage** |  | **Estimated # of vials (aliquots)** |
| --- | --- | --- | --- | --- | --- |
| Serum, Plasma, or Whole Blood processing and aliquoting (1-10 aliquots) |       |  |  0-3 months of storage included with sample processing |  |       |
| Whole Blood without processing (DNA Bank, etc.) |       |   |  More than 3 months of storage needed       |  |       |
| Urine processing and aliquoting (1-10 aliquots) |       |  | Storage only protocol |  | [ ]  Yes [ ]  No |
| Saliva processing and aliquoting (1-10 aliquots) |       |  | Will samples be using BIOS Tissue Core for long- term storage |  | [ ]  Yes[ ]  No |
| CSF processing and aliquoting (1-10 aliquots) |       |  |
| Non-Routine processing - fluid with 11 or more aliquots, special additives, or extra centrifugation step |       |  |
| PBMC isolation (up to 40mL) |       |  |
| Amniotic Fluid |       |  |
| Stool |       |  |
| Buccal |       |  |
| Biopsy |       |  |
| Custom processing, please provide details:       |       |  |
| **Packaging and Shipping for Core Lab effort (all shipping costs paid by the investigator)** | **# of Shipments** |  |
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|  |
| Shipment, ambient or cold packs or dry ice |       |  |

**BODY COMPOSITION, EXERCISE PHYSIOLOGY AND ENERGY METABOLISM**

*In addition to testing services, the core offers consultation in protocol development and data interpretation, training, and assistance with referrals for other types of testing available at UCSF (e.g. heavy water analysis).*

**Core Contact – body.composition@ucsf.edu**

 **Select all that apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEXA**  | **# Scans/ Participant** |  | **Exercise, Functional Testing** | **# Tests/ Participant** |
| [ ]  | Whole-body scan |       |  | [ ]  | Treadmill or Cycle ergometer test w/ ECG (no VO2) |       |
| [ ]  | Hip scan |       |  | [ ]  | Treadmill or Cycle ergometer w/ ECG & VO2 (VO2 peak or max) |       |
| [ ]  | Spine scan |       |  | [ ]  | Treadmill or cycle ergometer test w/ VO2 (no ECG) |       |
| [ ]  | Forearm scan |       |  | [ ]  | Spirometry (routine) |       |
| [ ]  | Lateral vertebral assessment |       |  | [ ]  | Spirometry (complex) |       |
| [ ]  | Infant scan |       |  | [ ]  | Biodex: simple (1-2 positions)  |       |
|  |  |  |  | [ ]  | Biodex: complex (>2 positions) |       |
| **Other Body Composition Tests** | **# Tests/ Participant** |  | [ ]  | 6-minute walk test |       |
| [ ]   | Multi-frequency bioelectrical impedance spectroscopy (BIS) |       |  | [ ]  | 4M gait speed |       |
| [ ]  | Single frequency bioelectrical impedance analysis (BIA)  |       |  | [ ]  | Stair climb (routine) |       |
| [ ]  | Bod Pod© (air displacement plethysmography) |       |  | [ ]  | Grip strength |       |
| [ ]  | Anthropometry: Full Set of Skinfold       |       |  | [ ]  | Short Physical Performance Battery(SPPB) |       |
| [ ]  | Anthropometry: waist/hip circumferences only       |       |  | [ ]  | Upper body ergometer |       |
| [ ]  | Anthropometry: Fit 3D Scan |       |  | [ ]  | Electrocardiogram |       |
| [ ]  | Bioimpedance: single/multifrequency |       |  |

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| [ ]  | Other (specify)       |       |

 |       |
| [ ]  | Training |       |  |
| [ ]  | Resting energy expenditure (indirect calorimetry) |       |  |

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