**Research Request Form**

**\*\*\* Please email this form with a copy of the study protocol to** **gsppresearchcommittee@pennmedicine.upenn.edu** **for approval prior to any research involving any Good Shepherd Penn Partners (GSPP) staff, patients, and/or facilities.**

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| **Study Information** |
| **Date submitted:** Click or tap here to enter text. **Person submitting this form:** Click or tap here to enter text. |
| **Protocol Title:** Click or tap here to enter text. | **IRB Protocol number:** Click or tap here to enter text. |
| **PI name/contact:** Click or tap here to enter text. | **Research Coordinator:** Click or tap here to enter text. |
| **PI Organization/Dept:** Click or tap here to enter text. |
| **Abstract/Purpose of study:** Click or tap here to enter text. |
| **Target diagnosis/condition or brief description of inclusion criteria:** Click or tap here to enter text. |
| **GSPP Collaborator(s):** Click or tap here to enter text. |
| **Please check the involvement of GSPP in this study and provide a brief description:** [ ]  **Recruitment (Attachment recruit materials)** Click or tap here to enter text.[ ]  **Facility/space use** Click or tap here to enter text.[ ]  **Employee time** Click or tap here to enter text.[ ]  **Data use/access** Click or tap here to enter text.[ ]  **Procedures/Intervention** Click or tap here to enter text.[ ]  **Patient access** Click or tap here to enter text.[ ]  **Other** Click or tap here to enter text. |
| **Please check all GSPP sites involved in this study and specify location where applicable:**[ ]  **LTACH** [ ]  **PIRM** [ ]  **Acute care** Click or tap here to enter text.[ ]  **SNF** [ ]  **Other** [ ]  **N/A**[ ]  **Outpatient Penn Therapy & Fitness** Click or tap here to enter text. |
| **Please check all GSPP departments involved in this study:**[ ]  **Nursing** [ ]  **Physical Therapy** [ ]  **Occupational Therapy** [ ]  **Speech Therapy** [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Enrollment start:**Click or tap to enter a date. **Enrollment end:** Click or tap to enter a date.**Target Study Enrollment:** Click or tap here to enter text. **GSPP Enrollment:** Click or tap here to enter text.  |
| **Will the study require specialized training?** [ ]  **No** [ ]  **Yes (please specify type of training)** Click or tap here to enter text.If yes, provide the number of staff trained and discipline: Click or tap here to enter text.Who will provide the training: Click or tap here to enter text.Will the study use new equipment in a clinical care setting? [ ]  **No** [ ]  **Yes (please specify)** Click or tap here to enter text.Is the equipment IND exempt? [ ]  **No** [ ]  **Yes (please provide supporting documentation)** Click or tap here to enter text. |
| **Please list any potential risks/ safety concerns for this study:** Click or tap here to enter text. |
| **Other information helpful for review:** Click or tap here to enter text. |

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| **For completion by the GSPP Research Committee:**  |
| **Date of Review:** Click or tap to enter a date. **Study team present at meeting:** [ ]  **No** [ ]  **Yes**  |
| **GSPP Collaborators: ­­­­­­­­­­**Click or tap here to enter text.**Supports GSPP Mission:** [ ]  **Yes** [ ]  **No Explanation:** Click or tap here to enter text.Does the project require consideration for a Research DAAC? [ ]  **Yes** [ ]  **No Explanation:** Click or tap here to enter text.**Comments from committee:** Click or tap here to enter text. |
| **GSPP RC Decision:**[ ]  **Approved, no recommendations**[ ]  **Approved with the following stipulations:** Click or tap here to enter text.[ ]  **Not approved due to the following:** Click or tap here to enter text. |
| **GSPP Site approval: (Therapy Governance; PIRM/LTACH CNO etc)**Click or tap here to enter text. |
| **Date PI informed:** Click or tap to enter a date. [ ]  **Letter drafted for Penn IRB submission** |
| **Follow up required:** Click or tap here to enter text. |