**Research Request Form**

**\*\*\* Please email this form with a copy of the study protocol to** [**gsppresearchcommittee@pennmedicine.upenn.edu**](mailto: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. |