



## FORM: Clinical Research Unit Application

CRU.CRI

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This form is to be filled by the Principal Investigator (PI) to request that the CRU conducts their research protocols. The PI or his designee should submit this form along with all requested documents to the CRU coordinator or nurse.

### **Principal Investigator:**

**Study Start date:**

**Study Name:**

**Date of Study Completion:**

**Research Assistant/Fellow:**

### **I. CRU fees:**

- The fees are determined according to the total hours and booked on the CRU online booking system.
- The charges depends on study type and they are as follows:
  - Conducted at the CRU:
    - PI-initiated study: **5 \$/hr.**
    - Pharma-sponsored study: **50 \$/hr.**
  - Conducted outside CRU (mobile CRU services):
    - PI-initiated study: **20 \$/hr.**
    - Pharma-sponsored study: **75 \$/hr.**
- Payment of the CRU fees is processed through Oracle system.
- The CRU coordinator will provide you with a detailed process on how to submit the payment at the end of the study or when needed.

### **II. Documents to be provided:**

- Scanned copy of IRB approval letter and approved informed consent
- Scanned copy of the study proposal with a summary of procedure to be performed in the unit
- Scanned amendments in protocol or in consent if any.

### **III. Patient visits:**

- Study will be conducted:
  - At the CRU
  - Others (mobile CRU); Specify:
- Scheduling of patients' visits is made online via the CRU booking system:  
<https://mailaub.sharepoint.com/sites/FM/cru/>
- If the visit was cancelled, please inform the CRU coordinator or cancel it online. Otherwise, the CRU service will be considered as reserved and your study will be charged accordingly.
- Every time you book the CRU service, please specify:
  - The duration of the visit
  - The location of the visit (CRU or other)
  - The number of patients needed
  - Nursing services needed or not.
  - Principle investigator name and study title

**IV. Equipment needed**

- |   |   |
|---|---|
| <input type="checkbox"/> Centrifuge       | <input type="checkbox"/> Stadiometer                |
| <input type="checkbox"/> Thermometer      | <input type="checkbox"/> Weight scale               |
| <input type="checkbox"/> Sphygmomanometer | <input type="checkbox"/> If others, please specify: |

*Please note that the CRU does not accommodate storage at its facilities.*

*Please contact Ms. Aya Hammoud– extension 8430/ 5414 – for further inquiries.*