



The Regional Medical Center at Memphis
OFFICE OF MEDICAL RESEARCH

FORM 1
Application for Approval
to Conduct Research at The Regional Medical Center

Instructions for Completion of Form 1

All research activity must be reviewed and approved prior to initiation through the Office of Medical Research by the Chief Medical Officer of The Regional Medical Center. This document guides investigators through the application process.

Submissions to the Office of Medical Research must contain all required materials. Incomplete submissions will not be considered. For questions about research at The MED, please contact the Office of Medical Research at 545-7453.

Title of Project:

IRB#:

IRB Approval Date:

Principal Investigator (P.I.):

Position (please check): UT Faculty Fellow Resident Student Other:

Is PI credentialed at The MED?:(please check) YES NO (See page 2 for requirements)

UT College:

Department:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Study Coordinator:

Phone:

Fax:

Study Coordinator Email:

Type of Study (please check): Investigation with human subjects and/or tissue Exempt

Other/Describe:

Project is funded: YES NO ; If Yes, Funding Source/Sponsor:

Sponsor Contact / Representative:

Sponsor Contact Phone #:

Email:

Study Site(s) (please check): MED MEDPLEX (MED clinics) HEALTHLOOP Clinic(s)

Other:

Are there any services for which The MED will not be reimbursed? (please check) YES NO

Services will be purchased from The MED (please check) YES NO

If Yes, Request For Research Rates form has been submitted: (please check) YES NO

If services involve interpretation of tests by specialist physicians, e.g. EKG, X-Rays, etc., provisions are in place to prevent patient from being billed (please check) YES NO

Do you plan to use pre-printed physician order sheets for this study? YES NO

Anticipated Start Date:

End Date

Study Duration

Signature of PI

Date

**The Regional Medical Center at Memphis
OFFICE OF MEDICAL RESEARCH**

**FORM 1
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(Cont'd)**

INVESTIGATOR CHECK LIST:

(Items to be submitted / addressed with the application)

1. Form 1 (Application for Approval to Conduct Research at The Med)
2. IRB approval of HIPAA waiver has been obtained (if applicable).

For chart review activities, investigators must obtain a HIPAA waiver from the IRB and submit such waiver letter as part of the application. HIPAA Authorization or Waiver must be obtained whenever patient charts are to be screened to identify patients who are eligible for inclusion in a study.

3. Investigator Qualifications:

A MED-credentialed Principal Investigator must be identified for each research project. If the investigator is a student, non-faculty member, or a faculty member whose expertise is not clinical, or if invasive methods (i.e., blood draws) are a part of the research protocol, a Co-Principal Investigator must be identified who is both a UT faculty member and a physician with privileges at The MED and credentialed to practice in the specialty where the research is to be conducted. Faculty/student investigators will not need to seek credentialing from The MED in order to conduct research at The MED, provided a Co-Principal Investigator is so credentialed.

4. A contract is needed if services are required from The MED.

If applicable, a study-specific written contract for clinical research hospital services between the institution (e.g. UT, UTMG, or InMotion Musculoskeletal Institute) and The MED is required. If no services are to be provided by The MED, this should be stated in a cover letter (sample wording: "This will confirm our understanding that no services will be performed at The MED which are chargeable to this Study; therefore, there will be no reimbursement to The MED from _____ for services.").
(insert name of Institution)

5. There are research-related services for which The MED will not be reimbursed.

Please provide an explanation in the cover letter.

6. If using a Pre-printed Physician Order Sheet, please submit a copy.
7. Cover letter

The cover letter clearly states the role of The MED in the study and any special arrangements to be made. If necessary, the cover letter should also clarify any of the above items

This completed application form and required documentation should be submitted to:

Office of Medical Research
The Regional Medical Center
877 Jefferson Avenue
Memphis, TN 38103