UT MEDICAL GROUP, INC.
Administration
ATTN: Office of Clinical Research
66 North Pauline Street, Suite 300
Memphis, Tennessee 38105
901-448-6070 • Fax: 901-448-1512

Request for Approval to Conduct Research in a UT Medical Group Facility

Instructions: All clinical research activities involving the use of facilities, equipment, and/or personnel of UT Medical Group, Inc. (UTMG) must be reviewed and approved not less than thirty (30) days prior to study initiation. Complete this Request form and submit it with the additional documentation identified on page 3 to the Director, Office of Clinical Research at the above address.

I. STUDY

Protocol Title:

Protocol No.:	Sponsor Name:
Approximate Research Start Date:	Approximate Research End Date:

Type of Study :

☐ Drug(s). Investigational New Drug (IND) No.:

Drug Trial Phase: ☐ I ☐ II ☐ II/III ☐ III ☐ IV

☐ Device(s). Investigational Device Exemption (IDE) No.:

Device category: ☐ A ☐ B

IDE Exempt Investigation? ☐ Yes ☐ No

☐ Other. Please explain:

Will the study be conducted in a UTMG facility? ☐ Yes ☐ No. If Yes, please complete Section III.

Will UTMG equipment be used for the study? ☐ Yes ☐ No. If Yes, please explain:

Will UTMG personnel be used for the study: ☐ Yes ☐ No. If Yes, please explain:

Has the appropriate departmental Director of Operations been contacted regarding the study? ☐ Yes ☐ No. If No, please explain:

II. PRINCIPAL INVESTIGATOR

Name:

Position and/or Title:	Organization through which research being conducted:

Mailing Address:

Email:	Telephone Number:	Fax:

III. FACILITIES (UTMG facilities where any study services and/or procedures will be performed)

☐ Family Medicine - 1301 Primary Parkway	☐ Family Medicine - 1999 Highway 51 South, Covington
☐ Medicine - 1325 Eastmoreland Ave., Suite 360	☐ Medicine - 1325 Eastmoreland Ave., Suite 365
☐ Medicine - 7945 Wolf River Blvd., Suite 120	☐ Medicine (Harbor of Health) - 718 Harbor Bend Road
☐ OB/GYN - 880 Madison Ave., Suite 3D01	☐ OB/GYN - 880 Madison Ave., Suite 3E01

III. FACILITIES (UTMG facilities where any study services and/or procedures will be performed)	
☐ OB/GYN - 7945 Wolf River Blvd., Suite 320	
☐ Ophthalmology - 930 Madison Ave., Suite 200	☐ Ophthalmology – 930 Madison Ave., Suite 400
☐ Ophthalmology - 7945 Wolf River Blvd, Suite 240	
☐ Otolaryngology - 777 Washington Ave., Suite 110	☐ Otolaryngology - 7945 Wolf River Blvd, Suite 220
☐ Pediatrics - 777 Washington Ave., Suite 110	☐ Pediatrics - 777 Washington Ave., Suite 240
☐ Pediatrics - 777 Washington Ave., Suite 350	☐ Pediatrics - 7945 Wolf River Blvd, Suite 250
☐ Psychiatry - 135 North Pauline St., 6th Floor	
☐ Surgery - 1325 Eastmoreland Ave., Suite 220	☐ Surgery - 1325 Eastmoreland Ave., Suite 310
☐ Surgery - 1325 Eastmoreland Ave., Suite 410	☐ Surgery - 7945 Wolf River Blvd., Suite 280
☐ Surgery (Plastic) - 7945 Wolf River Blvd., Suite 290	
☐ Urology - 7945 Wolf River Blvd., Suite 350	☐ Urology – 1264 Wesley Dr., Suite 601
☐ Other:	

IV. STUDY COORDINATOR		
Name:		
UTMG employee? ☐ Yes ☐ No	If No, employee of:	
Mailing Address:		
Email:	Telephone Number:	Fax:

V. INSTITUTIONAL REVIEW BOARD	
Name of Institutional Review Board (IRB):	IRB No.(*if available*):
IRB submission date:	Expected IRB review date:

VI. SUBJECT RECRUITMENT
Anticipated number of subjects to be enrolled in study:
Summarize the services and/or procedures that will be used for identification and recruitment of UTMG patients as potential study subjects:

VII. BILLING INFORMATION
Will the Sponsor pay for all services and/or procedures provided under the study protocol? ☐ Yes ☐ No. If No, please explain:
Will patients insured by Medicare potentially be enrolled in the study? ☐ Yes ☐ No. If Yes, a Medicare coverage analysis must be completed if Medicare will be billed for services.

Will the Sponsor pay for study related injuries? ☐ Yes ☐ No. If No, please explain:
NOTE: The UTMG Vice President, Corporate Compliance will be notified by the Director, Office of Clinical Research if third party payors and/or subjects will be responsible for payment of services and/or procedures under a study protocol.

VIII. ATTACHMENTS

The following documents must be submitted with the Request for Approval to Conduct Research in a UT Medical Group Facility:

☐ Protocol.

☐ Informed Consent Form (*most recent draft acceptable*).

☐ Protocol Billing Grid (*please contact appropriate billing compliance personnel for guidance)*.

☐ Investigator Curriculum Vitae (CV) or resume and professional license, if Investigator does not hold an appointment with the University of Tennessee Health Science Center.

NOTE: A Study Specific Agreement is required if UTMG resources (e.g., facility, equipment, personnel) are used (*please contact appropriate contracting personnel for guidance)*.

NOTE: IRB and UTMG approval are necessary before study initiation.

REQUIRED SIGNATURES:

By signing this Form, I certify that: (1) The information provided is complete and accurate to the best of my knowledge, (2) I accept responsibility for the scientific conduct of the study, and (3) I agree to provide additional information to the Office of Clinical Research upon request.

_____ _____

PI Signature **Date** **Printed Name**

Internal Use Only	
Date Received: _____	Received by (*printed name*): _____