

UTMC CLINICAL RESEARCH RESOURCE UTILIZATION FORM

Instructions for Use

Purpose This fillable PDF form is required for all IN-PATIENT clinical trials to ensure that the University of Toledo Medical Center (UTMC)

Process:

IRB Study Title :

Principal Investigator:

PI's Phone Number **and email**:

PI's Department :

Research Coordinator (if applicable):

Research Coordinator Phone Number (if appl

Principal Investigator Statement

I hereby am informing UTMC of our anticipated resource needs for the above in-patient clinical research