

Internal Medicine

Academic Research Services (ARS)
 Medical Sciences Building (MSB) Room 6111
 Email: imresearch@ucmail.uc.edu



REQUEST FOR REGULATORY SERVICES - PROJECT MODIFICATION

INSTRUCTIONS:

1. Please complete and send to IMRegulatory@uc.edu.
2. Attach supporting documents with your initial email request.
3. Your project will be reviewed and placed in our queue.
4. Within 5 business days or less, the regulatory team will communicate a start date for work on your project.

QUESTIONS:

General questions about the form or process: (Helen) Gina Shelton, 513-558-7183 or sheltoHn@uc.edu. We look forward to providing you with our services and collaborating with you on this project. Thank you!

Project Short Title:		
Principal Investigator:	<i>Name:</i>	
Individual Completing this Intake Form:	<i>Name:</i>	
	<i>Email:</i>	<i>Phone:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	I acknowledge that there may be a non-refundable fee associated with the work for this modification per MOU (please note: all fees will be negotiated & agreed upon prior to start of work).	

SERVICES PROVIDED:

Regulatory services will be provided for this request and covered under the annual fee for this project per MOU.

MODIFICATION DETAILS: *Please indicate the type of modification you are requesting; this list is NOT all-inclusive; additional service types are provided as a fee-for-service*

Modification Type	Indicate	Modification Type	Indicate
Regulatory Resource/Consultation		Revisions to Facilities Utilized	
Protocol Change		Staff Addition/Removal <i>indicate details on pg 2</i>	
Consent Form Revision		Adjustment to Subject Payment	
New Misc. Document Submission		Principal Investigator Change	
Revisions to Misc. Documents		Addition/Removal of Performance Site	
Updates to Conflict of Interest		Other, <i>indicate details on pg 2</i>	

Internal Medicine

Academic Research Services (ARS)
Medical Sciences Building (MSB) Room 6111
Email: imresearch@ucmail.uc.edu



Comment(s), Questions, & Additional Information: *if Staff Addition/Removal, indicate Name and Role:*

STOP HERE *below is for DOIM Regulatory use only* _____

DOIM REG USE ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Intake Form Complete? Are all documents that are necessary for the submission included? Is there any additional information needed or to be communicated?
--	---

Comment(s), Questions, and/or Request(s) for Additional Information:

I certify that this form is final; any changes needed/items requested have been reviewed and addressed. The DOIM Regulatory Team will follow-up to communicate timelines for work and anticipated approval.

DOIM Regulatory Team Member Signature

Date