



Submit the form to Mary Lou Witte
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**UNIVERSITY OF CINCINNATI
DEPARTMENT OF RADIOLOGY
RESEARCH SUPPORT REQUEST**

PI:

Email:

Phone Number:

Sub-investigators:

Study Title:

Description of Study:

Estimated Study Start Date:

Estimated Study End Date:

Funding Source:

Expected Number of Subjects:

Completed CITI Training: Yes No

If No, the training requirement may be fulfilled by:

- 1) Logging on to www.CITIPROGRAM.org
- 2) Select "Affiliate with Another Institution"
- 3) Select the **Greater Cincinnati Academic and Regional Health Centers**, and follow the instructions for the appropriate training modules

For more help accessing the online training modules, visit <http://researchcompliance.uc.edu/irb/> and select ***Human Research Protection*** and then select ***Required Training***.

Date Submitted for Review: