

UFCD CLINICAL RESEARCH STUDY: RESOURCES AND APPROVALS

This form documents the resources necessary to conduct a clinical research study in the College of Dentistry. The information estimates the time periods, personnel and other resources required to perform the study. At the proposal stage this form is reviewed and approved by participating faculty, department chairs and/or directors. Using this form in conjunction with the attached study timeline, personnel justification and budget, faculty participants, chairs and/or directors are responsible for approving time commitments and other relevant resources.

PART A: GENERAL STUDY INFORMATION	
STUDY TITLE: _____	
Sponsor: _____ Proposed Time Period: _____ UFCD Submitting Department: _____	ATTACHMENTS Protocol with timeline: <input type="checkbox"/> Personnel justification: <input type="checkbox"/> Internal budget/billing grid: <input type="checkbox"/>

PART B: STUDY PERSONNEL		
NAME:	ROLE:	TIME COMMITMENT: <i>(number of hours/days/months)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART C: CLINICAL RESOURCES	
CLINIC NAME: _____	
ESTIMATED NUMBER OF SUBJECTS: _____	NUMBER OF VISITS: _____
NUMBER OF OPERATORIES: _____	TIME PERIOD: _____
CLINIC SUPPLIES:	CLINICAL SERVICES:

PART D: DEPARTMENT APPROVALS			
ROLE:	NAME:	APPROVAL/SIGNATURE:	DATE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____