



EMBEDDED CLINICAL RESEARCH & INNOVATION UNIT (ECRI)
OFFICE OF CLINICAL RESEARCH

PROJECT REQUEST FORM

Email to: ECRIrequest@mednet.ucla.edu

Date: _____

STUDY INFORMATION

Department:	Study Contact Name:
Study Contact Email:	Study Contact Phone:
Principal Investigator (PI):	Co-PI(s):
Study/Project Name:	
Is the Study a: Funded project Requesting Services for Grant Submission	
Does the study have IRB approval? YES NO If Yes, IRB#:	
Study/Project Summary (<i>goals, target population demographics</i>):	
Is this study/project a collaboration with (select one below): Center for Smart Health (<i>computer engineering support, smart watches/ activity monitoring</i>) Institute for Precision Health (<i>Atlas Project/ Universal Consent</i>) I am not sure <i>*If yes, an additional form will be sent to you to complete after your initial request.*</i>	
Please select all items you have available and submit them with your ECRI Request Form via email:	
Protocol	Consent Forms IRB Application Other: _____

SERVICE(S) BEING REQUESTED

Are you requesting:

One-time Consulting Support

Support for duration of study

I am not sure

Which services are you looking for (check all that apply):

STUDY DEVELOPMENT

Protocol Development

IRB Consultation

Compliance Consultation

Assessment & Design of research workflows to be integrated in clinical settings

Identifying stakeholder(s) and/or serve as liaison with clinical/departmental leadership

Development of communication & recruitment content

Cognitive Testing

STUDY SUPPORT

Study Coordination

Onsite Coordination

Outcomes Routine metrics & reporting (OHIA)

Optimization of recruitment procedures & workflows

Clinic/Research staff orientation/training in clinical & hospital settings

Focus Groups

Translation of study consent forms and other documents

RECRUITMENT

In-Person

MyChart (myUCLAHealth)

Automated phone system calling

Direct email recruitment

Text message based recruitment

Animated videos for education/consent

REGISTRY/ BIO-BANK REQUEST

Data and/or specimens from **Precision Health Biobank**

Data and/or specimens from **Athena Mammography Registry**

Data and/or specimens from **COVID-19 Registry**

How do you want to receive data/specimens?

Identified

De-Identified

UNIVERSAL CONSENT (UCON) PIGGYBACK

IRB Consultation

UCON Electronic consenting via iPad App

UCON Electronic consenting via MyChart

For questions please email us ECRIrequest@mednet.ucla.edu or call (310)794-0981