

For all new requests for support with investigator-initiated research (non-pharmaceutical industry-sponsored), please complete this form and email it to the address on page 2. These emails are checked every business day, and we will contact you after the consultation form has been reviewed (5 – 7 business days). **Please note this only applies to new requests and not for projects that are currently being supported by Research Services.*

Primary Investigator (PI)			
Name		Institution	
Facility		Department/Unit	
Email		Phone	

Research Team Member(s)			
Name		Role	
Name		Role	
Name		Role	
Name		Role	
Name		Role	

IS THE PI OR CO-INVESTIGATOR A STUDENT OR RESIDENT? *If Yes, Please Fill In the Information Below:*

Type of Program:		Name of Supervisor, Mentor or Preceptor:	
	Research in Medicine (RIM)	Name	
	Medical resident	Institution	
	Pharmacy student	Facility	
	Graduate student (Masters, PhD)	Dept./Unit	
	Other:	Phone	

Research Project Information	
Title (Working Title)	
Project Summary: <i>A brief, plain language project summary, its objectives, and potential significance (250 words max)</i>	

Does your project have REB approval? *(Although we provide consultative support with REB, the researcher(s) is ultimately responsible for REB submission and approval of the research project.)*

No

Yes: **Include copy of REB approval letter**

