

Request for Services

Complete the following based on need. If you are requesting services for a funded/IRB approved study, then complete all that apply. If you are requesting an Investigator Consultation then mark the appropriate box in Section III. Upload completed form and attachments online at uab.edu/exercise/services.

I. Investigator Information:

Protocol Title:

PI Name:

PI BlazerID:

Department:

Phone Number:

Email:

Fax:

Coordinator Name:

Phone:

Coordinator Email:

Fax:

Co-PI's:

II. Funding Source(s):

Funding source:

Grant number:

Status: Funded Pending

Funding source:

Grant number:

Oracle account #:

III. Protocol Information:

Characteristics of participants:

Projected number of participants:

Projected study duration (months):

Projected number of intervention participants:

Projected number of control participants (if any):

Projected start date:

Duration of intervention (weeks):

Exercise prescription (number of days per week; mode of exercise; intensity; etc.):

Is consultation needed to finalize exercise prescription above? Yes No

Exercise testing to be performed:

Time points for exercise testing (e.g., Pre-training, week 6, week 12):

Biospecimens to be collected (e.g., muscle, blood, saliva):

Time points for biospecimen collection:

Will Core Muscle Research Laboratory be used for biospecimen collection? Yes No

Will Core Muscle Research Laboratory be used for biospecimen processing? Yes No

Status of IRB approval: IRB #

CRU Protocol Number (if applicable) :

Projected start date for participant enrollment: End date:

Please check all that apply: Pilot
 Clinical trial
 Multi-center

Other:

Facilities used: UCEM Exercise Clinical Trials Facility
 Core Muscle Research Laboratory

UCEM Exercise Clinical Trials Facility protocol description:

Core Muscle Research Laboratory protocol description:

Once completed, please upload this form along with your IRB-approved HSP and Informed Consent document, and any other relevant protocol documents online at uab.edu/exercise/services.

Please combine all documents into one pdf before uploading.

PI signature _____ Date _____

Please be advised, an inservice will need to be scheduled no later than 4 weeks prior to study start.