



RESEARCH APPLICATION

GENERAL INFORMATION: Use this form when submitting a protocol to the research office that will include HCHD patients, personnel, and/or facilities. All protocols must receive Chief of Staff approval before initiation.

If you require assistance in submitting your protocol for approval to HCHD, please contact:

Research Services
Harris County Hospital District
2525 Holly Hall, 187E
Houston, Texas 77054
Phone: 713.566.6473 Fax: 713-566-6578
research@hchd.tmc.edu

PROJECT INFORMATION

Protocol Number:
Protocol Title:

INVESTIGATOR INFORMATION

Name:	<input type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> Student	<input type="checkbox"/> Other: _____
Position Title:	Department:			
Mailing Address:				
City:	State:	Zip code:		
Phone:	Fax:	Pager:		
Email:				
Co-Investigators:				

STUDY COORDINATOR

Name:

Title:

Mailing Address:

City:

State:

Zip code:

Phone:

Fax:

Pager:

Email:

SOURCE OF SUPPORT/FUNDING

Indicate all applicable sources of support and the sponsor:

Federal – Sponsor:

Commercial – Sponsor

Foundation – Sponsor:

No Support

Other (Specify):

LOCATION (Check all that apply)

Ben Taub General Hospital

Specific Department:

Lyndon B. Johnson General Hospital

Specific Department:

Quentin Mease Hospital

Specific Department:

Thomas Street Clinic

Acres Home Clinic

Aldine Clinic

Baytown Clinic

Casa De Amigos

Gulfgate Clinic

MLK Clinic

Northwest

People's Clinic

Settegast Clinic

Squatty Lyons Clinic

Strawberry Clinic

School Based Clinics

PROTOCOL ABSTRACT

Purpose:

Design:

Methods:

Sample Size: (HCHD subjects)

DISTRICT RESOURCES

Will this study involve use of any resources or services at HCHD?

Yes No

If yes, check required service below:

Pharmacy Services

Pathology/Laboratory Services

Radiology Service

Nursing Service

Nuclear Medicine Service

Health Information Mgmt. (Chart Review)

Information Technology (IT)

Other (specify):

HCHD REIMBURSEMENT

Schedule and amount of reimbursements to HCHD, including indirect.

Signature of Principal Investigator: _____

Date: _____