Advance - CTR Service Request Form

* Required

Advance- CTR Services

Advance-CTR services will be prioritized to those Advance-CTR investigators who are pursuing grant funding for their research. In general, the following services will be provided to the following groups of individuals, in order of priority based on the overall mission of the Advance-CTR.

1. Select the type of service you require *
   Mark only one oval.
   
   - Biostatistics Services   Skip to question 2.
   - Clinical Research Services   Skip to question 9.
   - Informatics Services - BCBI and CBHD Computational Biology Core   Skip to question 12.
   - Psychometric Services   Skip to question 5.
   - Qualitative and Mixed Methods Research Support   Skip to question 5.

Advance - CTR BIOSTATISTICS SERVICES

2. Biostatistics Services
   Check all that apply.
   
   - Data Analysis
   - Database Creation and Management
   - Manuscript and Grant Proposal Review and Writing
   - Study Design Conceptualization
   - Software Support (JMP, Redcap, R Studio, SAS, SPSS, STATA)

3. Detailed Description of Service Request
   If your service is not listed above, please describe your needs below:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

4. Deadline for Service *
   
   Example: December 15, 2012
   
   Skip to question 20.
Advance - CTR QUALITATIVE/MIXED METHODS & PSYCHOMETRIC SERVICES

5. Qualitative and Mixed Methods Research Support
   Check all that apply.
   - Study design and preparation
   - Original measure development
   - Coaching on qualitative methods design decisions (focus groups, interviews, cognitive interviews)
   - NVivo qualitative software training
   - Help with grant writing: qualitative methods and analysis sections
   - Manuscript and grant proposal review
   - Post interview/focus group debriefing
   - Data Analysis Design - Applied Thematic Analysis
   - Data Analysis Design - Framework Matrix Analysis

6. Psychometric Services
   Check all that apply.
   - Survey Design
   - Original Measure Development
   - Exploratory Dimensional Analysis
   - Confirmatory Factor Analysis
   - Reliability and Validity Analysis

7. Detailed Description of Service Request
   If your service is not listed above, please describe your needs below:

   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

8. Deadline for Service *
   
   Example: December 15, 2012

   Skip to question 20.

Advance - CTR CLINICAL RESEARCH SERVICES
9. Clinical Research Services
   Check all that apply.
   - Exam Rooms Space
   - IRB Application and other Regulatory Submission Support including consent/assent form development
   - Phlebotomy
   - Recruitment and Retention of Study Participants
   - Specimen processing, Short term storage and Shipping
   - Study Coordination and Staff Support including nursing and other medical staff

10. Detailed Description of Service Request
    If your service is not listed above, please describe your needs below:

    __________________________________________
    __________________________________________
    __________________________________________
    __________________________________________

11. Deadline for Service *
    Example: December 15, 2012

    Skip to question 20.

Informatics Request Form

12. Preferred Informatics Consultant?
    Check all that apply.
    - Liz Chen, PhD
    - Taiese Bingham-Hickman, PhD
    - Ashok Ragavendran, PhD (CBHD)
    - Neil Sarkar, PhD

13. Consult Frequency
    Check all that apply
    Mark only one oval.
    - Initial
    - Follow-up

Stop filling out this form.

Informatics Request Details
14. Please indicate what Informatics Services you are interested in:
   Check all that apply.
   - Data Request
   - Data Storage/Management
   - Data Processing/Analysis
   - Data Submission/Dissemination
   - Software/Application Development
   - Software Request
   - Grant Support
   - Informatics Education or Workshops

15. Data Sources - Local
   Check all that apply.
   - Care New England (e.g. Epic or Cerner EHR)
   - Lifespan (e.g. Epic EHR or REDCap)
   - PVAMC (VINCI)
   - RIQI (CurrentCare)
   - RIDOH (HealthFacts RI APCD)
   - Other:

16. Data Sources - Public
   Check all that apply.
   - Adverse Event Open Learning through Universal Standards (AEOLUS)
   - FDA Adverse Event Reporting System (FAERS)
   - HCUP-NIS for 2008-2012
   - HCUP-SID for RI for 2008-2012
   - Human Gene Mutation Database HGMD
   - Ingenuity Pathway Analysis IPA
   - Medical Information Mart for Intensive Care III (MIMIC-III)
   - Clinicaltrials.gov (RI Only)
   - database of Genotypes and Phenotypes (dbGaP)
   - GenBank (metadata only)
   - MEDLINE Baseline
   - MetaMAPPED MEDLINE Baseline
   - Semantic MEDLINE (SemMed)
   - The Cancer Genome Atlas (TCGA)
   - Surveillance, Epidemiology, and End Results (SEER)
   - Other:
17. Preferred Type of Consult
Check all that apply
*Check all that apply.*

- [ ] Email
- [ ] In Person
- [ ] Phone
- [ ] Videoconference

18. Detailed Description of Service Request
If your service is not listed above, please describe your needs below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19. Deadline for Service *

*Example: December 15, 2012

20. Project Title *

________________________________________________________________________

21. Project Description *
Describe your project in 2-3 sentences

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

22. Does this request relate to an Advance-CTR or CBHD Award? *
*Mark only one oval.*

- [ ] Yes
- [ ] No - Other

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23. Has this project been IRB approved? *
   Mark only one oval.
   ○ Yes
   ○ No
   ○ Pending
   ○ Not Applicable

24. IRB Approved Protocol Title

25. Approved Protocol IRB Number(s)

26. IRB Approval Date
   
   Example: December 15, 2012

27. Please indicate which IRB approval(s) have been obtained
   Check all that apply.
   ○ Brown University
   ○ Butler Hospital
   ○ Lifespan
   ○ Memorial Hospital
   ○ Providence VA Medical Center
   ○ University of Rhode Island
   ○ Women & Infants Hospital

28. Has this project been IACUC approved? *
   Mark only one oval.
   ○ Yes
   ○ No
   ○ Pending
   ○ Not Applicable

29. IACUC Approved Protocol Title

30. Approved Protocol IACUC Number(s)

31. IACUC Approval Date
   
   Example: December 15, 2012
32. Please indicate which IACUC approval have been obtained
   Check all that apply.
   - Brown University
   - Lifespan
   - Providence VA Medical Center
   - University of Rhode Island

Project Funding Details

33. Funding Status *
   Mark only one oval.
   - Planning
   - Pending
   - Current
   - No Funding

34. Funding Source
   Check all that apply.
   - Internal (e.g., Brown, Lifespan, CNE, PVAMC, URI)
   - Federal (e.g., NIH, ONC, AHRQ, NSF, CDC)
   - Foundation/Philanthropy
   - Industry/Pharmaceutical
   - Other: 

35. Grant Number(s) (if applicable)

36. Will you share any of the following resources with other(s) investigator(s) during this project? *
   Select all that apply
   Check all that apply.
   - Biomedical Sample Sharing
   - Research Subjects/Volunteers Sharing
   - Data/Recorded Information Sharing
   - Staff Sharing (e.g., coordinators, nursing staff, research assistants, or technicians)
   - None

37. Are you the Investigator? *
   Mark only one oval.
   - Yes  Skip to question 54.
   - No   Skip to question 38.
Detailed Requester Information

38. First Name *

______________________________

39. Last Name *

______________________________

40. Preferred Email Address *

______________________________

41. Phone Number
   Please use hyphens

______________________________

42. Gender
   Mark only one oval.
   
   [ ] Male
   [ ] Female
   [ ] Other:

43. Ethnicity
   Mark only one oval.
   
   [ ] Hispanic
   [ ] Non-Hispanic

44. Race (please check all that apply)
   Check all that apply.
   
   [ ] American Indian or Alaska Native
   [ ] Asian
   [ ] Black or African America
   [ ] Native Hawaiian or Other Pacific
   [ ] White
45. Primary Affiliation (please check one) *

Mark only one oval.

- Bradley Hospital
- Brown University
- Brown University School of Public Health
- Butler Hospital
- Memorial Hospital
- Newport Hospital
- Ocean State Research Institute
- Providence VA Medical Center
- Rhode Island Hospital
- State of Rhode Island
- The Miriam Hospital
- University of Rhode Island
- Warren Alpert Medical School
- Women & Infants Hospital

46. Other Affiliations (please check all that apply) *

Check all that apply.

- Bradley Hospital
- Brown University
- Brown University School of Public Health
- Butler Hospital
- Memorial Hospital
- Newport Hospital
- Ocean State Research Institute
- Providence VA Medical Center
- Rhode Island Hospital
- State of Rhode Island
- The Miriam Hospital
- University of Rhode Island
- Warren Alpert Medical School
- Women & Infants Hospital

47. Academic Title *


48. Academic Department or Equivalent *


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49. **eRA Commons Username** *

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50. **Do you have an ORCID ID** *
   
   ORCID is a non-profit community-based organization that provides an open, international registry of unique and persistent identifiers for the research community. ORCID works with the research community to embed iDs into key workflows, such as grant applications, to support the automated linkage of research and researchers. [https://orcid.org/register](https://orcid.org/register)

*Mark only one oval.*

- [ ] Yes
- [ ] No - please help me obtain one

51. **Investigator ORCID ID**

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52. **Profile Link**
   
e.g., Researchers@Brown URL or URI profile

URL

53. **Are you a trainee (e.g., student or postdoctoral candidate) or filling this out on behalf of a trainee?**

*Mark only one oval.*

- [ ] Yes   *Skip to question 64.*
- [ ] No   *Skip to question 70.*
- [ ] Not applicable

**Investigator Information**

54. **Investigator First Name** *

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55. **Investigator Last Name** *

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56. **Investigator's Preferred Email Address** *

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57. **Investigator Phone Number**
   
   Please use hyphens

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58. **Investigator Academic Department or Equivalent** *

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59. **Investigator eRA Commons Username** *

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60. **Does the Investigator have an ORCID ID?** *

   ORCID is a non-profit community-based organization that provides an open, international registry of unique and persistent identifiers for the research community. ORCID works with the research community to embed iDs into key workflows, such as grant applications, to support the automated linkage of research and researchers. [https://orcid.org/register](https://orcid.org/register)

   *Mark only one oval.*

   - [ ] Yes
   - [ ] No - please help me obtain one

61. **Investigator ORCID ID**

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62. **Investigator Profile Link**

   e.g., Researchers@Brown URL or URI profile

   URL

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63. **Will you be working with other Rhode Island Investigators on this Project?** *

   *Mark only one oval.*

   - [ ] Yes  
     *Skip to question 70.
   - [ ] No  
     *Stop filling out this form.

*Stop filling out this form.*

### Trainee Information

64. **Trainee First Name**

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65. **Trainee Last Name**

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66. **Trainee Email**

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67. **Mentor First Name**

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68. **Mentor Last Name**

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69. Mentor Affiliation

Stop filling out this form.

**Additional Investigator Information**

70. Additional Investigator's First Name *

71. Additional Investigator's Last Name *

72. What role does this Investigator hold? *  
   Check all that apply.
   - Collaborator
   - Mentor
   - Consultant

73. Additional Investigator eRA Commons Username

74. List names, affiliations, roles and eRA Commons usernames if there are more than one

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