**CMRR 3T Request Form for Non-Human Subjects / Biological Specimen Imaging**

* + - 1. IRB Protocol number (Please attach study protocol)

* + - 1. Please provide a brief description of the study

* + - 1. Does the medical center facility have to be used for the current research study?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |

If Yes, please explain:

* + - 1. [ ]  I acknowledge that the BRL and Research staff understand the Infection Control Policy

 IC 5.00 Non-Human Research Subjects in the Hospitals and Clinics.

* + - 1. [ ]  I acknowledge that LMS or in person education on Infection Control Policy and Procedures have been completed on the following:

Safe Work Practices

Hand Hygiene Practices -patient/animal zone

Respiratory etiquette

Standard precautions including Personal Protective Equipment (PPE)

Cleaning and Disinfection

* + - 1. [ ]  I acknowledge that Health Clearance for BRL and research staff to work at UIH has been granted. Immunity to Measles, Mumps, Rubella, Varicella and prove annual compliance with Flu Vaccination and TB screening. Reference: IC 4.01, 4.04, HR 1.12.
			2. Describe the plan for transport within the medical center
			3. List of requested UI Hospital equipment to be used

* + - 1. Names of BRL or Research staff supervising the study

Name of CMRR technologist conducting the study

* + - 1. Hospital approved disinfectants to be used with consultation on environmental services.

-**Bleach: water solution (1:10 dilution) or Clorox Healthcare bleach wipes**

* + - 1. Proposed Start / End dates and times

Principal Investigator

 Printed Name Signature Date

Contact Information

 Email Telephone

BRL

 Printed Name Signature Date

Infection Control

 Printed Name Signature Date

Hospital Dept Director

 Printed Name Signature Date

CMRR Administrator

 Printed Name Signature Date

Sponsor: Director

Date: 5/20\_rev3