

MOUNT SINAI HOSPITAL
BLOOD BANK AND TRANSFUSION SERVICES
RESEARCH PARTICIPATION REQUEST FORM

Principal Investigator	Title	Address	Phone Number	E-mail	Department
Co-Investigators					
Clinical Coordinator (If applicable)					
Invoicing/ Billing Contact (if different)					

Study/ Protocol Title/ IRB Title
Study/ Protocol Design (as pertains to apheresis, CTL or blood bank)
Estimated Study Dates:

Has the study been submitted to the Investigational Review Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the study been approved by the Investigational Review Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of IRB protocol and other study materials sent to Blood Bank and Transfusion Service for review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pharmaceutical Sponsor/ Funding (Include All)									
Agency: (Check all that apply)		Please Specify:		Status:					
<input type="checkbox"/>	Federal Funding Agency (NIH, DOD)			<input type="checkbox"/>	Applying	<input type="checkbox"/>	Funded	<input type="checkbox"/>	Pending
<input type="checkbox"/>	Industry Funding (Name of Pharmaceutical Company)			<input type="checkbox"/>	Applying	<input type="checkbox"/>	Funded	<input type="checkbox"/>	Pending
<input type="checkbox"/>	Research Foundation Funding			<input type="checkbox"/>	Applying	<input type="checkbox"/>	Funded	<input type="checkbox"/>	Pending
<input type="checkbox"/>	Other Funding			<input type="checkbox"/>	Applying	<input type="checkbox"/>	Funded	<input type="checkbox"/>	Pending

Payment Method

☐ Direct Recharge
☐ Interdepartmental Invoice (IDI)
☐ Check
☐ Subcontract
☐ Account
☐ Account #: _____
☐ Other (please specify): _____

After receipt and review of the Request Form, the Director or Associate director will contact the principal investigator/ study contact to determine the extent of transfusion medicine services necessary to support this study. Multiple correspondence and an in-person meeting may be necessary to fully determine the best course of action. Please note time spent preparing study correspondence will be subject to reimbursement and charged at the appropriate time. We look forward to working with you and augmenting your research endeavors.

Principal Investigator/ Study Contact Name: _____ Date: _____

Instructions to submit form:

- 1)Please save a completed copy of this form or print, complete and scan
- 2) Email the document to Jeffrey Jhang, MD, Director of Blood Bank and Transfusion Services
jeffreyjhang@mountsinai.org

Blood Bank and Transfusion Service Use Only:

Reviewed By: _____ Date: _____

Quote Prepared by: _____ Date: _____