

UW Medicine  
DIABETES INSTITUTE  
**CLINICAL RESEARCH UNIT**

**RESEARCH APPLICATION** - Please email this application to [dicru@uw.edu](mailto:dicru@uw.edu) and attach study protocol, grant, and IRB applications. Thank you!

Study Title:

Principal Investigator(s):

For scientific review, briefly describe study goals and study design (submitting an abstract is acceptable):

Below are services we provide. Please indicate your specific study needs:

Physical space (meeting space, procedure room with patient bed, infusion chair)

Research coordinator (to coordinate study, consent subjects, specimen processing, anthropometric measurements, questionnaires, indirect calorimetry, etc)

RN services (phlebotomy, IV placement, OGTT, etc)

Advanced Registered Nurse Practitioner (physical exams, monitor clamps studies, etc)

DXA scan

Other (please list):

Is the study IRB approved?    YES    NO

If yes, please provide IRB Study Number:

Date of Approval \_\_\_\_\_ Date of Expiration \_\_\_\_\_

If no, please state stage in the IRB approval process:

Please provide each of the following (if available). I have attached my:    Grant    IRB application    Study Protocol

Is this research focused on diabetes or a related disorder?    YES    NO

Submitted by:

Email:

Date: \_\_\_\_\_