**Clinical Research Protocols and Ingalls Hospital**

**Request to Conduct Research at Ingalls**

PI:  Department:

Protocol Title:

Sponsor: Funder:

IRB of Record:

Contact People (name and preferred contact method)

Principal Investigator (PI):

Primary Contact

Secondary Contact

Why should this study expand to include Ingalls?

Have any discussions occurred with Ingalls representatives?

Who needs to be involved in expanding this study to Ingalls? (Check all that apply)

 Ingalls Hospital PHA Physicians \_\_ \_\_\_\_ Other Physicians TBD

Please describe the nature of activities for each entity checked above. Please be sure to specify space needs, clinical activities involved, Ingalls physician and staff roles, and any other relevant information.