



TRC Registration Form

Instructions

Please complete the form below and return to Lynda Dzubinski at lyd1@pitt.edu and Shari Reynolds at reynoldss12@upmc.edu. Attach a copy of your IRB and ICF approval.

Primary Investigator Contact Information

Primary Investigator		Office Location	
Telephone		Email Address	
Secondary Contact		Office Location	
Telephone		Email Address	

Coordinator/Nurse Point of Contact

Point of Contact		Office Location	
Telephone		Email Address	
Secondary Contact		Office Location	
Telephone		Email Address	

Fiscal Administrator Contact Information

Fiscal Administrator		Office Location	
Telephone		Email Address	

Study Title _____

Grant Title _____

Grant Start Date _____

Grant End Date _____

IRB # _____

CLT Account _____

Type of Account University of Pittsburgh UPMC

Please mark the following services you are requesting:

_____ Room for Consenting

_____ Room to Perform Testing*



*If requesting a room to perform testing, please list the type of testing to be performed:

Number of Patients _____
Preferred Days _____
Preferred Hours _____

Name
Printed Name of the Person Submitting This Form

Signature
Signature of the Person Submitting this Form

Date