



Research Rotation Request Form Clinical Affairs

Name: _____ Class: _____ Date of Request: _____
Requested Dates: _____ Specialty: _____

Proposed Project Title: _____

Proposed Project Description: Research Paper Clinical Research Other

*Attach project description/description of work

Mentor/Research Director: _____

Research Facility/Clinic/Hospital Contact Information:

Clinic/Hospital Name: _____

Address/City/State: _____

Phone / Fax: _____ Email: _____

Project Requirements:

IRB Approval Required If Research Involves Human Subjects or Biospecimens; Required? Yes or No

IRB Approval Request Date: _____ IRB Approval Granted: Yes or No

*Attach IRB Approval Letter

CITI Training: Human Studies – Introduction to Research

Bench/Lab Research – Basic Biosafety/Biohazard Training for Students and Fellows

(Contact Compliance Office for CITI Training Login Instructions at: ldement@rvu.edu)

Documents Needed (If Applicable): _____

Documents send by: _____

Student Signature: _____ Date: _____

-----Department Use Only-----

Clinical Coordinator: _____ Date: _____

Dr. Duane Brandau: _____ Date: _____

Mentor/Research Director
Completion Verification: _____ Date: _____

Note: Completed research project should be emailed to Dr. Brandau, your project mentor, and your coordinator. Credit will not be awarded until approved and verified by Dr. Brandau or project mentor.

Updated 6/19/18