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**Acute Care Research Council (ACRC)**

**Collaborative Regulatory Support Request**

Instructions: Complete/sign document and email to ACRC Project Manager at Amy.Ewing@uc.edu. For questions, call Amy at 513-803-8365. You will be notified of decision within 5 business days.

Top of Form

|  |
| --- |
| Requester Details |
| Your Name/Title |  |
| Department/Division |  |
| Phone/Email |  |
| InstitutionCincinnati Children’s UC Health University of Cincinnati VA Medical Center Cincinnati |
| Briefly describe |
| Reason for regulatory support request*(i.e., new study/process, FMLA)* |  |
| Amount of effort requested*(max 10%)* |  |
| Scope of support requested *(projected job duties)* |  |
| Estimated duration of support*(max of 3 months)* | Start month/year End month/year  |

In Agreement:

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**Requesting department** authorized name/signature Date

***Below completed by ACRC***

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Approved

Yes No

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**Acute Care Research Council** authorized name/signature Date

*SOP#ACRC-1.last updated 11/27/17*