

## **MEMORANDUM**

**TO:** Principal Investigator

**FROM:** Research and Sponsored Programs

**RE:** HCHD Research Renewal Process

Please find attached the following resources to guide you through the HCHD Research Renewal Process:

Renewal Checklist

Renewal Application

The Hospital District values the search for new knowledge. Please feel free to contact us at any time for assistance in acquiring access, reporting problems with research, or suggestions to improve our process approval and implementation process:

Research and Sponsored Programs Harris County Hospital District 2525 Holly Hall, Suite 187 Houston, TX 77054

research@hchd.tmc.edu Phone: 713.566.6914 Fax: 713.440.1384

http://www.hchdonline.com/about/research/main.htm



NOTE: Items below are for RENEWALS ONLY, not required for TERMINATION							
Cover letter requesting renewal to conduct study in HCHD facility(s).							
Renewal Application							
3. A copy of the IRB approval letter.							
4. A copy of the research protocol submitted for IRB approval, if changes.							
5. A copy of current approved HIPAA compliant <u>English/Spanish consent forms</u> to be used, if applicable.							
6. Consent form(s) must include HCHD Injury Disclaimer, if applicable.							
"In the event of injury resulting from this research, (your institution) and/or the							
Harris County Hospital District (name of Hospital District facility or facilities) are							
not able to offer financial compensation nor to absorb the costs of medical							
treatment. However, necessary facilities, emergency treatment and professional							
services will be available to you, just as they are to the general community."							
7. Please provide a narrative regarding research activities for this protocol since the last							
continuing approval date. Include the following:							
<ul> <li>Number of subjects enrolled from HCHD</li> </ul>							
<ul> <li>Summary of any interim findings</li> </ul>							
<ul> <li>Copies of any amendments/modifications</li> </ul>							
<ul> <li>Publications</li> </ul>							
9. Please send a master list of all patients enrolled to this study by enrollment date, with							
patient name and HCHD MR #.							
<ul> <li>Submit one copy of the above items to:</li> </ul>							
Research and Sponsored Programs							
Harris County Hospital District							
2525 Holly Hall, Suite 187							
Houston, TX 77054							
Email: <u>research@hchd.tmc.edu</u>							

Version: 011711



## **RENEWAL APPLICATION**

General Information: Use this form when submitting a renewal.

			<u>PR</u>	OJE(	CT INFOR	MA	<u>TION</u>						
Protocol Nur	nber:												
Protocol Title	e:												
INVESTIGATOR INFORMATION													
Name:					☐ MD		PhD	St	tudent		Other	:	
Position Title:						Department:							
Mailing Addr	ess:												
City:					State:		Zip cod			e:			
Phone: (	)	-	Fax: <b>(</b>	)	-		Pager: (		)	-	х		
Email:													
STUDY COORDINATOR													
Name:					Title:								
Mailing Addr	ess:												
City:			State:					Zip	code:				
Phone: (	)	-	Fax: (	)	-		Pager: ( )			-		х	
Email:				_				_		_	_		



RENEWAL INFORMATION						
Is recruitment active?If no, why should study stay active?	☐ Yes ☐No					
Have changes been made since last approvalIf yes, please submit the approval letter and approved changes.	☐ Yes ☐ No					
Total Number of HCHD patients enrolled since last approval?						
General Summary Total Number of HCHD patients enrolled? A summary of any interim findings, amendments, and/or publications since last approval						
Any adverse events reported?If yes, please describe.	Yes No					