Submit the form to Mary Lou Witte  
E-mail: mary_lou.witte@uchealth.com  
Phone: (513) 584-1584  
Fax: (513) 584-0431

UNIVERSITY OF CINCINNATI  
DEPARTMENT OF RADIOLOGY  
RESEARCH SUPPORT REQUEST

PI:  
Email:  
Phone Number:

Sub-investigators:

Study Title:

Description of Study:

Estimated Study Start Date:  
Estimated Study End Date:

Funding Source:

Expected Number of Subjects:

Completed CITI Training:  □ Yes  □ No

If No, the training requirement may be fulfilled by:

1) Logging on to www.CITIPROGRAM.org
2) Select “Affiliate with Another Institution”
3) Select the Greater Cincinnati Academic and Regional Health Centers, and follow the instructions for the appropriate training modules

For more help accessing the online training modules, visit http://researchcompliance.uc.edu/irb/ and select Human Research Protection and then select Required Training.

Date Submitted for Review:

25-May-2011