# Research Request for Investigational Pharmacy Services

Office of Research and Education

This request should be used to request any pharmaceutical services related to the study that will not be provided by investigators. Contact the Investigational Drug Service (IDS) pharmacy with any questions.

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| Protocol Title:Click or tap here to enter text. | |
| Protocol Number: Click or tap here to enter text. | Protocol Short Name:Click or tap here to enter text. |
| Sponsor:Click or tap here to enter text. | IRB Number:Click or tap here to enter text. |
| Estimated Number of Patients Enrolled:Click or tap here to enter text. | |
| Timeframe of Study (approx.):Click or tap here to enter text. | |
| Department Coordinating Study:  SHOR  CRCWM  Other: Click or tap here to enter text. | |

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| **Principle Investigator (PI):**Click or tap here to enter text. | |
| Address:Click or tap here to enter text. | |
| Phone:Click or tap here to enter text. | |
| Email:Click or tap here to enter text. | |
| PI Specialty Office (example: Peds Nephrology):Click or tap here to enter text. | |
| **Study Coordinator (Regulatory)** | **Study Coordinator (Clinical)** |
| Name: Click or tap here to enter text. | Name: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: |
| **Sponsor Contact Name**: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | |

### Clinical Trial Details

Please provide a brief description of the research study and requirements:

Click or tap here to enter text.

Will this study involve after hours enrollment and/or require 24/7 on call IDS services?  Yes  No

If yes, please explain:

Click or tap here to enter text.

### Investigational Agent

What is/are the investigational agent(s) for this study?

Click or tap here to enter text.

Is this a controlled substance?  Yes  No

Storage requirements for study drug: Click or tap here to enter text.

Who is responsible for randomization: Click or tap here to enter text.

What is the estimated total number of dispenses per patient for each agent?

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| --- | --- |
| Agent #1: Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |
| Agent #2: Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |
| Agent #3: Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |
| Agent #4Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |
| Agent #5: Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |
| Agent #6: Click or tap here to enter text. | Number of dispenses: Click or tap here to enter text. |

Will this study require drug transportation from IDS to an offsite location? If yes, please explain:

Click or tap here to enter text.

Are there sponsor required trainings (webinar, conference call, SIV, IXRS, etc.?)

Click or tap here to enter text.

### Where will the study agent(s) be dispensed?

Are there ancillary medications needed from the IDS pharmacy that are not provided by the sponsor? Please describe

Click or tap here to enter text.

### Agent Procurement

Are shipments automated (IXRS) or ordered by non-IDS staff? Yes  No

If drug shipments are not automated, what is the sponsor’s process for ordering study drug?

Drug order form Email

Telephone Other: Click or tap here to enter text.

Inpatient Areas: (please specify)

Butterworth: Click or tap here to enter text.  Blodgett: Click or tap here to enter text.

HDVCH:Click or tap here to enter text.

Meijer Heart Center: Click or tap here to enter text.

Other: Click or tap here to enter text.

Outpatient Areas: (on campus - i.e., LHCP, on campus clinic)

Click or tap here to enter text.

Outpatient Areas: (off campus - requiring research staff transportation; please provide address)

Click or tap here to enter text.

### Electronic Medical Record Resources

Note: IDS will now be assessing need for EPIC contraindicated medication groupers for RSH records and/or EPIC medication builds. If your study requires either item, IDS will inform you and discuss the process after review of this document. If you have any questions or are unsure of how to answer the below questions, please reach out to IDS or an RSH record builder.

Will the sponsor provide a specific list of prohibited medications?  Yes  No  N/A or not sure

Is there a significant safety or clinical reason to build the contraindicated meds functionality or other medication alert as determined by PI or study team?

Yes No Explain: Click or tap here to enter text.

### Billing and Reimbursement

Who is funding the study?

Sponsor/Industry  Government  Grant  Other: Click or tap here to enter text.

Is reimbursement for IDS costs provided?  Yes  No

### Other

Will there be a pharmacy manual provided?  Yes  No

Will a pharmacy binder be provided?  Yes  No

Submitted by: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please send the research protocol, pharmacy manual, and investigator brochure along with this request form to [SH-PharmacyResearch@spectrum-health.org](mailto:SH-PharmacyResearch@spectrum-health.org).

Study team is required to contact IDS when submitting final trial intake/IRB to confirm trial is moving forward.

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| **IDS Pharmacy Departmental Use Only**  Study Approved:  Yes  No  Approval Signature/Date:  Click or tap here to enter text. Click or tap to enter a date.  EPIC Build being considered:  Yes  No  Contraindicated meds grouper being considered:  Yes  No  Follow up:  Click or tap here to enter text. |