Zuckerberg San Francisco General  
Research Protocol Application  
Procedure and Form

If you are planning to enroll patients at ZSFG, are using ZSFG personnel, resources, facilities, space (even if it is your own office) or ZSFG patient data (even if you are only collecting names and numbers), you must complete an ZSFG Research Protocol Application. We use the data collected in these forms to explain all ZSFG research activity on our campus.

Protocol Application Process:

1. Complete ZSFG Research Protocol Application
   ZSFG Protocol Application Form
2. Gather all signatures except for Administrative approvals at the end of the application (see contacts)
3. Please sign the HIPAA acknowledgement
4. Send completed application to the ZSFG Vice Dean's Office (see contacts)
5. We will process your application and collect the Administrative approvals. Please allow for a typical turnaround time is 7-10 days.
6. The Dean's office will send the signed original to the PI and a copy to the additional contact when the application has been approved.
7. If you need to contact us about your application status please provide the CHR number.

Contacts for ZSFG Protocol Approvals:

**Medical Records**
Philip Katzenberger  
philip.katzenberger@sfdph.org  
(415) 206-6210  
ZSFG, Building 5, Room 2B1

**Pharmacy Services**
Elena Tinloy  
elena.tinloy@ucsf.edu  
(415) 206-6251  
ZSFG, Building 5, Room 1C28

**Clinical Labs**
Chav Doherty  
chav.doherty@ucsf.edu  
(415) 206-6786  
ZSFG, Building 5, Room 2M

**UCSF ZSFG Vice Dean's Office**
(415) 206-8505  
(415) 285-2037 (fax)  
ZSFG, Building 5, Room 2A21  
Box 0809

Send signed and completed ZSFG Research Protocol Applications to the ZSFG Vice Dean's office, Box 0809.  
For questions regarding the application please call 415-206-8505
**If this is a chart review only, STOP here.**
Will this study be conducted entirely in the ZSFG Clinical Translational Science Institute (CTSI) Clinical Research Center (CRC)?  Yes ☐ No ☐

If “Yes”, proceed to “Pharmacy Utilization” section and contact ZSFG GCRC 206-8239 for required forms.

If “No”, please complete all of the following. Note any ZSFG equipment, services, or personnel needed, and department(s) involved. Sign all sections where you indicate “NA”.

**HUMAN RESOURCE / SPACE UTILIZATION** (approval from the Unit where research will occur)

Where will this study be conducted? Building _________ Room __________

Please describe any and all tasks which ZSFG staff may be asked to perform which they would not perform but for this protocol: __________________________________________________________

I have approved the above: Yes ☐ No ☐

**Signature/Date:** Unit Head Nurse / Manager
*Or attach email approval from Unit Head Nurse / Manager*

**CLINICAL LABORATORY UTILIZATION** (206-8588)

A ZSFG Special Research Account has been established? Yes ☐ NA ☐

**Signature/Date:** ZSFG Clinical Lab Administration
*Or attach email approval from ZSFG Clinical Lab Admin.*

*If applicable, refer to Procedure for Establishing and Using a Research and Special Study Account.*

**RADIOLOGY UTILIZATION** (206-68420 or 206-6130)

A ZSFG Special Research Account has been established? Yes ☐ NA ☐

**Signature/Date:** ZSFG Radiology Administration
*Or attach email approval from ZSFG Radiology Admin.*

*If applicable, refer to Procedure for Establishing and Using a Research and Special Study Account.*

**PHARMACY UTILIZATION** (206-8460)

Does this study involve the administration of any medications? Yes ☐ No ☐

A ZSFG Pharmacy Investigational Drug Service (IDS) form has been completed? Yes ☐ NA ☐

**Signature/Date:** ZSFG Pharmacy Administration
*Or attach email approval from ZSFG Pharmacy Admin.*

**ADMINISTRATIVE APPROVAL**

A. Sue Carlisle, PhD, MD  (Date)  Susan P. Ehrlich, MD, MPP  (Date)
Vice Dean, ZSFG  Chief Executive Officer

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