

## **Zuckerberg San Francisco General Research Protocol Applications Procedure**

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 (see below). 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 (scroll down)
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.

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### **Contacts for ZSFG Protocol Approvals:**

#### **Medical Records**

Diane Premeau  
[diane.lovko-premeau@sfdph.org](mailto:diane.lovko-premeau@sfdph.org)  
(415) 206-6210  
ZSFG, Building 5, Room 2B1

#### **Pharmacy Services**

Sara McFarland  
[sara.mcfarland@sfdph.org](mailto:sara.mcfarland@sfdph.org)  
(415) 206-6613  
ZSFG, Building 5, Room 4H2

#### **Clinical Labs**

Chav Doherty  
[chav.doherty@ucsf.edu](mailto:chav.doherty@ucsf.edu)  
(415) 206-6786  
ZSFG, Building 5, Room 2M

#### **UCSF ZSFG Vice Dean's Office**

[jeanine.craven@ucsf.edu](mailto:jeanine.craven@ucsf.edu)  
(415) 206-8505  
(415) 285-2037 (fax)  
ZSFG, Building 5, Room 2A21  
Box 0809

**Zuckerberg San Francisco General  
PROTOCOL APPLICATION**

**Protocol Title:** \_\_\_\_\_  
\_\_\_\_\_

**Grant Title (if different)** \_\_\_\_\_  
\_\_\_\_\_

**Grant No. if available** \_\_\_\_\_ **Beg. Date of Grant** \_\_\_\_\_ **End Date of Grant** \_\_\_\_\_

**Prin. Investigator** \_\_\_\_\_ **Additional Contact** \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email \_\_\_\_\_

**IRB STATUS**

Approved    CHR No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**SUBJECT CATEGORY** Please circle appropriate classification

- 1 Subjects seen for research purposes only  
Source of funding (e.g., NIH, industry, other) \_\_\_\_\_
- 2 Subjects seen for research and for established medical care  
Source of funding (e.g., NIH, industry, other) \_\_\_\_\_

**BRIEF DESCRIPTION OF PROTOCOL** Please provide a brief description of the nature and goals of the study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UTILIZATION**

Indicate number of subjects per year Year 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

- Total number of outpatient visits per subject \_\_\_\_\_
- Total number of inpatient visits per subject \_\_\_\_\_

**CHART REVIEW/PATIENT DATA** (MUST BE SIGNED IF YOU ARE USING ANY ZSFG/DPH PATIENT DATA)

Use of ZSFG/DPH patient information is approved: Yes            NA

\_\_\_\_\_  
*Signature/Date: Director, Medical Records  
DPH Privacy Officer  
Or attach email approval from Director, Medical Records*

Per HIPAA regulations, all patient health information (PHI) will be encrypted/password protected if stored on computers and/or portable electronic devices. PI please initial/date here \_\_\_\_\_

**\*\*If this is a chart review only, STOP here.\*\***

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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".

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**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: \_\_\_\_\_

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I have approved the above:      Yes       No

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

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**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.*

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**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.*

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**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.*

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**ADMINISTRATIVE APPROVAL**

\_\_\_\_\_  
A. Sue Carlisle, Ph.D., M.D.                      (Date)  
Vice Dean, ZSFG

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Susan P. Ehrlich, M.D.,M.P.P.                      (Date)  
Chief Executive Officer