Request for Human Test Subject Recruiting

Date Submitted: ________________________

This form should be completed, approved by the appropriate Wyle Supervisor and Principal Investigator, and submitted with the Committee for the Protection of Human Subjects (CPHS) approval letter and Test Subject Information handout packet and Labor Authorization Document (LAD), prior to the start of subject recruitment for a study. Please allow sufficient time (typically six weeks) for the initial phase of recruiting before the projected start date of the study. If newspaper advertising will be necessary, more time will be needed. Any changes to the information provided on this form should be submitted in writing. If a second group of test subjects is needed after the first group completes the study, an additional request for test subjects must be submitted in sufficient time for new recruitment. Submit this form, the CPHS approval letter, the Test Subject Information Handout and a copy of LAD to the Short Term Recruiting Nurses in Test Subject Screening.

Principal Investigator: ___________________________ Phone: ___________ Mail Code: ______

Requester: ___________________________ Phone: ___________ Mail Code: ______

Study Name: ___________________________

Short Version of Study Name: ___________________________

Job Order No. test subject pay will be charged to: ___________________________

Projected Study Schedule: From:__________________________   To:_______________________

The Purpose of this study: __________________________________________

____________________________________________________________________

Study Description: (Briefly describe study in layman's terms, i.e. testing procedures, any hospital admission, length of stay, any invasive procedures, special diet, etc.) __________________________________________

____________________________________________________________________

Subject Qualifications: (Age, weight, height, sex, etc.) ___________________________

____________________________________________________________________

Specific Subject Information Requirements: (Pre-test requirements, i.e. Bruce TMET, Physiological Training Class, medications not permitted, fitness level, restrictions on exercise, etc.) ___________________________

____________________________________________________________________
Specific Exclusion Criteria: 

Drug Study Description: (Include information test subjects should know about the medication) 

Drug Screens Needed: (Illicit drug screening is routinely done on all Test Subjects prior to study. List any additional screens needed (i.e. prescription drugs, nicotine, alcohol, caffeine, etc.) 

Payment of Test Subjects: (Total study pay, daily pay, etc.) 

Approximate radiation exposure during the study: ________________ (mrem)
Amount of blood to be drawn during the study: ________________ (ml)

Number of Subjects: Male ________________ Female ________________

Sessions per Subject: ________________ Hours per session: ________________

Wyle Supervisor:
Signature: ____________________________ Date: ____________________________

Principal Investigator:
Signature: ____________________________ Date: ____________________________