



**WAIANAE COAST COMPREHENSIVE HEALTH CENTER
REQUEST TO CONDUCT RESEARCH FORM**

WCCHC PROGRAM/DEPARTMENT:	DATE:
LEAD AGENCY (IF NOT WCCHC):	PI:
ADDRESS:	CONTACT PERSON:
	PHONE #:
	EMAIL:
PROJECT TITLE:	
FUNDING SOURCE: PHS funding <input type="checkbox"/> Yes <input type="checkbox"/> No	
FUNDING AMOUNT AVAILABLE:	FUNDING AVAILABLE TO WCCHC:
FUNDING PERIOD:	PROJECT PERIOD:
LETTER OF INTENT DEADLINE:	PROPOSAL DEADLINE:
PROPOSED PERIOD OF TIME AT WCCHC:	
COST TO WCCHC/NON-FUNDED ITEMS: AMOUNT /TYPE OF IN-KIND CONTRIBUTION BEING SOUGHT FROM WCCHC:	
PROPOSED ACTIVITY/CONCEPT: RATIONALE: STUDY DESIGN:	
CURRENT STAGE OF DEVELOPMENT:	
PATIENT SAFEGUARDS (Specific components of the study methodology and tools designed to protect participants):	
PARTICIPANT BENEFITS FROM RESEARCH:	
COMMUNITY BENEFITS FROM RESEARCH:	
ETHICAL ISSUES (Describe the following): INFORMED CONSENT PROCESS:	

ADHERENCE TO HIPAA REGULATIONS AND DATA USE/PROTECTION STANDARDS:
EXTERNAL STAFFING/ROLE:
WCCHC INVESTIGATORS/STAFFING AND THEIR ROLE:
COLLABORATIVE ARRANGEMENTS (Description of current or planned collaborative activity with WCCHC staff):
HOW DOES ACTIVITY FIT INTO GOALS OF WCCHC:
HOW WILL THE COMMUNITY BE INVOLVED IN PLANNING AND/OR IMPLEMENTATION:
OWNERSHIP AND USE OF DATA:
PLAN FOR DISSEMINATION OF FINDINGS TO WCCHC/COMMUNITY:

Attach the [following documents](#) with this request:

1. Draft Research Proposal ___ Yes ___ No

If no, explain: _____

2. Draft Budget to WCCHC ___ Yes ___ No

If no, explain: _____

All requests for research proposed to be conducted at WCCHC **must be approved by the Research Committee** before proceeding. Research requests should be submitted to the Research Coordinator at least three weeks prior to a scheduled Research Committee meeting in order to allow time for review. The Research Committee meets the second Wednesday of alternate months to approve requests.

All research approved by the Research Committee and approved for funding by the funding source must be reviewed and approved by the WCCHC IRB before implementation at WCCHC.

Please contact Rachelle (Shelly) Enos, Research Coordinator, with any questions at senos@wcchc.com.

Thank you for submitting your request to the WCCHC Research Committee, we look forward to establishing a beneficial and ongoing relationship.