

Department of Nutrition Science

Purdue University - Clinical Research Center (PU-CRC)

Protocol Information Form

<https://www.purdue.edu/hhs/nutr/crc/>

<https://redcap.uits.iu.edu/surveys/index.php?s=8TTP7CD3MR>

Protocol Title	
IU Protocol #/Purdue CRC Protocol #	
Funding Source (name) <i>If known, include funding agency and #</i>	To Be Submitted <input type="checkbox"/> Date _____ Submitted <input type="checkbox"/> Funded <input type="checkbox"/>
Status (select one)	
Expected Project Start Date	
IRB #	To Be Submitted <input type="checkbox"/>
Status (select one)	Pending <input type="checkbox"/> Approved <input type="checkbox"/> Date of Approval: _____ Amended <input type="checkbox"/> Date of Approval: _____
Primary Investigator Department Email/Phone Lab Staff Working on Project	

<p style="text-align: center;"><u>Bionutrition Services</u></p> <p><input type="checkbox"/> Study Manager</p> <p><input type="checkbox"/> Isocaloric Gram Weight Menu Development</p> <p><input type="checkbox"/> Acute Test Meal Menu Development</p> <p><input type="checkbox"/> Homogenates</p> <p><input type="checkbox"/> Acute Test Meal Tray</p> <p><input type="checkbox"/> Full Service Snack</p> <p><input type="checkbox"/> Fully Prepared Gram Weighed Meal</p> <p><input type="checkbox"/> Pack out Gram Weighed Raw Ingredients</p> <p><input type="checkbox"/> Protocol Management</p> <p><input type="checkbox"/> Remote Studies</p> <p><input type="checkbox"/> Consulting - Bionutrition Manager/RD</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><u>Clinical Services</u></p> <p><input type="checkbox"/> DXA</p> <p><input type="checkbox"/> Anthropometrics</p> <p style="padding-left: 20px;"><input type="checkbox"/> Weight</p> <p style="padding-left: 20px;"><input type="checkbox"/> Height</p> <p style="padding-left: 20px;"><input type="checkbox"/> Waist Circumference</p> <p style="padding-left: 20px;"><input type="checkbox"/> Waist to Hip</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Blood Draw Straight Stick</p> <p style="padding-left: 20px;"><input type="checkbox"/> Saline Lock IV</p> <p style="padding-left: 20px;"><input type="checkbox"/> IV Blood Draws</p> <p style="padding-left: 20px;"><input type="checkbox"/> Consulting</p> <p><input type="checkbox"/> Other: _____</p>
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Diet Assessment Services

- Dietary Recall - Standard Recall
- Dietary Recall - Comprehensive Recall
- Dietary Recall - Comprehensive Recall
w/supplements
- Dietary Record Standard
- Dietary Record Comprehensive
- Mailing to participant
- Consulting – RD
- Consulting - Faculty Diet Assessment
- Other: _____

Additional Comments:

If known, please provide account number and project period:

Budget estimates to be completed by CRC Staff – NOTE BEST PRACTICES ARE TO WORK WITH THE CRC TO OBTAIN COST ESTIMATES PRIOR TO SUBMISSION OF THE PROPOSAL.

Clinical estimate

Bionutrition estimate

Diet Assessment estimate

Department of Nutrition Science

Proposed Meeting Date to discuss form submission with CRC Staff:

Final Approved Budgets:

Clinical Budget:

Bionutrition Budget:

Diet Assessment Budget:

CRC Staff Member Signature & Date:

PI Signature & Date:

CRC Director Signature & Date: