

**REQUEST FOR RESEARCH PROTOCOL IN CLINICAL APHERESIS**

**Please submit this form along with:**

- a) a copy of the current IRB approval, and
- b) the part of the IRB-approved protocol pertaining to the specific apheresis procedure requirements, to:

New York Blood Center  
Clinical Apheresis Services  
310 East 67<sup>th</sup> St  
New York, NY 10065  
Email: #TASscheduler@nybc.org  
Fax: (212) 699-5213

1. Request Type:  New  Renewal

2. Study Information

a. Title:

b. Study Purpose:

c. Study subject characteristics:

d. Study Design and Methods:

**REQUEST FOR RESEARCH PROTOCOL IN CLINICAL APHERESIS**

**3. Specific Apheresis Requirements**

- a. Type of procedures:
- b. Requested location of procedures:
- c. Absolute volume or total blood volumes to process:
- d. Frequency of procedures:
- e. Apheresis risks with particular subject population:

**4. Other/additional information pertinent to patient safety, feasibility, efficacy:**

**5. IRB/Admin Information**

- a. External IRB Project #:
- b. IRB approval dates:      /      /      to      /      /
- c. Funding Source:

**6. PI Information:**

- a. Name: \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Institution: \_\_\_\_\_
- d. Address: \_\_\_\_\_
- e. Email: \_\_\_\_\_
- f. Telephone: \_\_\_\_\_
- g. FAX: \_\_\_\_\_

**PI Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST FOR RESEARCH PROTOCOL IN CLINICAL APHERESIS**

**This page to be completed by NYBC:**

The following criteria have been met (please check off checklist):

- There is current or pending IRB approval for the protocol (Apheresis procedures cannot be initiated until IRB approval documentation is received).
- The specific apheresis requirements (eg. volume, frequency) for the protocol can be met.
- The apheresis risks with the study subject population are within acceptable limits.

**Additional Comments:**

**NYBC CAS Review/Approvals:**

Medical Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ (not to exceed 1 year)