



Application for Research Sites

The STN is a network of clinics and investigative teams that NIMH is supporting to facilitate clinical trials. The infrastructure for the network of clinical sites/investigators and the administrative core is funded through a five-year contract with the collaborating group (University of North Carolina at Chapel Hill) that conducted the CATIE trial. It is anticipated that studies conducted using the STN resource may be rapidly and efficiently designed and carried out in “real world” populations that have demographic diversity. Projects can expect relatively rapid accrual of participants, and will utilize common instruments with established reliability.

The STN infrastructure provides access to a rapid and cost-efficient means of recruiting and testing subjects, but does not include funding for any individual clinical trials, nor for the data management that a clinical trial would require. Thus, investigators interested in conducting trials on the network must seek support for the conduct of specific trials through other funding sources, such as NIH grants or public/private partnerships.

The STN is now accepting applications from research sites that would like to be considered for participation in the network. If you are interested in applying, please complete the attached form by submitting your answers online at www.stn.unc.edu/application.htm (**Go to Submit STN Application**)

All applications will be reviewed by the STN Executive Committee and the NIMH. We will contact you within 60 days to provide you an update on your status or to request further information.

For more information please contact:

Ingrid Rojas
The University of North Carolina at Chapel Hill
Tel: 919-843-7365
Email: irojas@med.unc.edu

2. General Site/Investigator Information

1. Please complete the following information regarding the Principal Investigator

Investigator First Name

Investigator Last Name

Degrees

Board Cert/Specialty

2. Please provide the contact information for the PI

Telephone

Pager

Email

3. Please complete the following information regarding your location

Institution/Location Name

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

4. What is the contact information for your site?

Site

Telephone

Site Fax

5. Please provide the contact information for your study coordinator/research administrator that we may contact for more information?

First Name

Last Name

Telephone

Email

3. General Site Questions

6. Please provide a biography of the principal investigator including descriptions of past research and involvement in clinical trials (not to exceed 500 words, please cut and paste below).

In addition to the biography, please email a PDF copy of the Principal Investigator's CV to irojas@med.unc.edu

4. Research Setting

7. How do you describe your research setting (check all that apply)?

- VA
- University
- State Mental Health Hospital
- Community Mental Health Center
- Private Practice
- Dedicated Research
- Other (please specify)

8. What percentage of subjects with schizophrenia do you recruit from these settings? [Total of all answers must equal 100]

- | | |
|--|----------------------|
| My own outpatients | <input type="text"/> |
| Referrals from other providers where I work | <input type="text"/> |
| Referrals from other providers outside my institution/agency | <input type="text"/> |
| Inpatient hospital setting at my institution | <input type="text"/> |
| Advertisements | <input type="text"/> |
| Other | <input type="text"/> |

9. Please provide a brief written description of your research setting (where you recruit patients, catchment area, types of patients seen, ages of patients, stages of illness, etc.)

5. Research History

10. How many research clinical trials have you performed in the past?

Industry funded studies

Federal or foundation funded studies

11. How many research clinical trials have you performed at your current institution/location?

Industry funded studies

Federal or foundation funded studies

12. Have you participated in any previous treatment studies for schizophrenia?

Yes

No

13. How many research trials are you currently conducting?

of Trials

of Schizophrenia Trials

6. Schizophrenia/Schizoaffective Disorder Patient Population

14. How many patients with schizophrenia/schizoaffective disorder does your practice/department currently treat/follow?

of inpatients?

of outpatients?

7. Institutional Review Board

15. Please provide the name(s) of your IRB(s)?

16. How often does your local IRB convene?

Bi-weekly

Bi-monthly

Monthly

Other (please specify)

17. What is your submission deadline for a schedule IRB meeting?

1 week prior

2 weeks prior

1 month prior

Other (please specify)

18. How much does your IRB charge for IRB submissions for federally sponsored or foundation sponsored trials?

\$

8. Indirect Rates

19. What is your institution's indirect cost rate for federally sponsored research trials?

%

20. What is your institution's indirect cost rate for foundation sponsored clinical trials?

%

21. What is your institution's indirect cost rate for industry sponsored clinical trials?

%

9. THANK YOU!

Thank you very much for completing this application.
We greatly appreciate your time and interest.

We are currently accepting applications for an ongoing study.
Please visit www.stn.unc.edu/application.htm for further information and application form.

22. If you have any comments or questions, please enter them here