

## School of MEDICINE

## JCON 725: Clinical & Translational Research Experience Approval Form

JCON 725 is designed to provide an intensive, individualized, mentored experience in conducting hands-on, patient-oriented clinical research. The student should identify a mentor and one or more clinical research projects prior to starting the rotation. Please notify the program no later than 60 days prior to your expected rotation start date by emailing Dr. Mary Samuels (<u>samuelsm@ohsu.edu</u>), the MD Office (<u>casa@ohsu.edu</u>), and the MD/PhD Coordinator (<u>mdphdadmin@ohsu.edu</u>) with this rotation approval form. If you do not have an identified mentor and project, please contact Dr. Samuels well in advance with your clinical and research interests, so that she can help you find a clinical research project to join.

STUDENT:

**ROTATION MENTOR:** 

ROTATION CO-MENTOR:

START DATE:

#### END DATE:

Title and brief description of CTRE rotation project(s).

Note that the project must involve research that will actively be recruiting and following research subjects during the rotation. Studies that only involve review of medical records and/or database analyses are not applicable.

Please list official IRB protocol numbers.

These will need to be IRB approved by the start date of the rotation and active through the rotation. Protocols should be patient-oriented research with direct contact with human research subjects. Protocols must be actively consenting and enrolling subjects, following them during visits/procedures.

Briefly describe student's role on the protocol(s) and which activities they will participate in.



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Briefly describe other ancillary activities that relate to the research program, which can include attending clinics where patients with related diseases are seen, lab meetings, journal clubs, etc.

### **REQUIRED SIGNATURES**

Rotation Mentor signature:

Rotation Co-Mentor signature (if applicable):