

CRU FAQ and Glossary

1. Why should I apply for CRU help, or what can the CRU do for me?

The CRU can provide you with nursing and dietary services, and funds for research-related hospital costs for non-industry studies.

2. How do I apply for CRU support?

Please contact CRU Protocol Manager Danielle Gale (phone 608-262-3005, email dgale@uwhealth.org) for information on the application process.

3. Can I apply for a CRU grant even though I do not have extramural funding?

The CRU does not award grants. While the CRU gives first priority to clinical grants with NIH support, faculty and staff investigators without extramural funding can submit a protocol requesting usage of our resources.

4. Do certain types of protocols have a better chance for CRU support?

Yes, protocols with NIH funding have first priority, according to the ICTR CTSA grant. Other considerations are:

- Scientific and research merit
- New investigator seeking NIH funding
- Researcher need for the CRU
- Clinical research area
- Important research funded by pharmaceutical company
- PI-initiated protocol

5. What will the CRU pay for?

This depends on the study and whether it is supported by other funding. We prioritize federally-funded studies and can pay for room and board, nursing services (including sample processing) and dietary services. Coverage of hospital-provided research ancillary services (e.g., laboratory, CXR, ECG, research medications) can also be provided with a current limit of \$50 per inpatient day or \$17 per outpatient visit (discounted cost), with a maximum of \$4,250 per CRU grant year (June-May) for outpatient studies, \$5,000 for inpatient studies.

Projects that have other sources of non-industry funding (e.g., foundations, associations) are also eligible for coverage of room and board, nursing services and dietary services. Studies are reviewed on a case-by-case basis for payment of research ancillary services, and *may* be eligible for the limits as noted above.

The CRU does not cover any services (ancillary, nursing or room costs) for industry-initiated studies. Industry studies can use our center and utilize our expert nursing and other services. Industry study funds reimburse the UW Hospital for CRU services.

For all funding sources, study-specific equipment and supplies (i.e., those not already on the CRU or provided through UWHC) should be provided by the investigator. Please contact Mary Jane Williams, mwilliams2@uwhealth.org for more information

6. Do I have to write an admission and discharge note on these resources?

Yes, these notes need to be provided for inpatients and appropriate Hospital-required notes need to be provided for outpatients as well. (Refer to specific Hospital Policies)
 The PI of the study or a co-investigator of the study needs to be an MD with UW Hospital admitting privileges. All inpatient studies require a patient History and Physical (H&P) per hospital policy.

Glossary

Ancillary Services	Services routinely available from hospital departments for all patients in the hospital; i.e., routine blood and urine tests, x-rays, ECGs, medications, etc.
Clinical Trial Agreement	An agreement with an industrial sponsor that contains the research project; budget; and terms and conditions affecting proprietary information, data rights, publication rights, inventions and patents, and payment schedules and conditions. The agreement is signed by the principal investigator, a representative from the UW Research Administration-Financial office, and the sponsor.
Core Laboratory	A facility that supports ongoing sophisticated clinical research and the development or validation of new methods for this purpose. The CRU does not have a Core Laboratory on the unit, but has its own Sample Processing Lab.
Industry-Initiated Study	A study initiated by an industrial sponsor with little or no research aims added by a UW investigator. Usually these studies are conducted in multiple institutions.
Inpatient Day	A subject who is on the CRU at 12:00 midnight.
Outpatient Visit	A subject who arrives at and departs from the CRU before midnight, with a visit length of < 10 hours. A subject with a visit expected to be 10 or more hours in length needs to be submitted as an inpatient admission, and the subject should be admitted to the CRU the night before the study visit.
Categories	NIH's method of assigning financial responsibility of hospital costs for studies receiving CRU support.
- Category A:	Strictly research or a combination of research and routine care, where the majority of the visit is for research purposes (CRU inpatient room/outpatient nursing and research-related charges paid by CRU)

- Category B:	Research and routine care; CRU inpatient room/outpatient nursing charges paid by insurance, research-related charges paid by CRU or study funds
- Category C:	Patients are being seen on the unit but are not participating in a research project; these patients are typically called "boarders"
- Category D:	Study is industry-initiated and funded, including patient care; CRU inpatient room/outpatient nursing and research-related charges are paid by industry funds