

Texas Health Resources NON-CSO Contractor Questionnaire

This questionnaire is intended to provide information to determine if a NON-THR individual (Individual) will need to become a Non-CSO Contractor. **Please complete and return to the respective Project Manager assigned to the study. Once this form has been reviewed and a contractor determination has been made, Research Administration will process the questionnaire for signature.**

Study Information

eIRB STU# _____ Principal Investigator _____

Study Title: _____

Is Principal Investigator is a physician? YES NO Is Principal Investigator a Texas Health employee? YES NO

Individual Information

Name: _____ Phone Number: _____ Email: _____

Institution Name: _____ Institution Role: _____

Please provide study specific role of Individual (IE: data analysis, manuscript writing)

Does Individual have a THR badge? YES NO (IE: THR employee, THR contractor, THR badge used with home institution)

Will Individual do work as part of their role with their employer (if employed) or University/Institution (if a student)? YES NO
If yes, please provide employer or University/Institution name: _____

Will Individual access a Texas Health facility? YES NO

If yes, please provide specific Texas Health facility _____

Will Individual access a patient area within a Texas Health facility? YES NO

Will Individual interact with Texas Health patients? YES NO

If yes, Physically Verbally

What Texas Health Department will Individual work in as part of their role in the Study (if multiple departments, please list all):

Acknowledgement

I attest this questionnaire is complete and accurate to the best of my knowledge.

Principal Investigator Signature

Date

Department Manager Signature

Date

For Research Administration Use Only:

Will Individual need to become a Non-CSO Contractor (to obtain badge) YES NO

If Yes, provided Non-CSO Data Sheet and Instructions YES NO If no, Provided Non-THR Access Instructions YES NO

Notes: _____

Research Administration Project Manager Signature: _____ Date: _____