

**CENTRAL OHIO PRACTICE-BASED RESEARCH NETWORK (COPBRN)  
Investigator Agreement**

2231 North High Street, Suite 250, Columbus, OH 43201  
Phone: (614) 293-8007 Fax: (614) 293-2715 <http://familymedicine.osu.edu/13412.cfm>

The Central Ohio Practice-Based Research Network (COPBRN) consists of 21 sites (listed below). This collaborative of clinical networks serves to maximize the diversity, breadth, and depth of the available primary care study populations in Central Ohio and represents the diverse demographics of the region. The COPBRN is committed to the performance of high quality practice-based research in order to add to the primary care knowledge base, enhance the delivery of preventive medicine, and positively influence diagnosis and treatment of the health problems of patients, families, and communities.

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|--------------------------|
| <b>1. PROTOCOL TITLE</b> |
|                          |

|                                  |  |                  |  |
|----------------------------------|--|------------------|--|
| <b>2. PRINCIPAL INVESTIGATOR</b> |  |                  |  |
| Name (Last, First, MI):          |  | E-mail:          |  |
| University Academic Title:       |  | Phone:           |  |
| Department Name:                 |  | Fax:             |  |
| Campus Mailing Address:          |  | Emergency phone: |  |

|   |  |         |  |
|---|--|---------|--|
| <b>3. STUDY CONTACT (If different from item 2.)</b> |  |         |  |
| Name (Last, First, MI):                             |  | E-mail: |  |
| University Academic Title:                          |  | Phone:  |  |

| <b>4. PROPOSED COPBRN RESEARCH LOCATIONS</b>   |                                       |  |  |
|--|---------------------------------------|--|--|
| Location Name  | Street Address                        | City, Zip  | Inclusion  |
| <b>Ohio State University Primary Care Network Family Medicine locations (8)</b>                            |                                       | <input type="checkbox"/> All locations for this clinical |  |
| Ohio State's CarePoint East Family Medicine  | 543 Taylor Ave. 2 <sup>nd</sup> Fl    | Columbus, 43205  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ohio State's CarePoint Gahanna Family Medicine   | 920 N. Hamilton Rd. Ste 300           | Gahanna, 43230   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ohio State's CarePoint Lewis Center Primary Care*  | 6515 Pullman Dr. Ste 2200             | Lewis Center, 43035                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Family Practice at Upper Arlington   | 1800 Zollinger Rd. 5 <sup>th</sup> Fl | Columbus, 43221  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Family Practice at Worthington   | 160 W. Wilson-Bridge Rd. Ste 100      | Worthington, 43085                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Primary Care at New Albany   | 240 Market St. Ste A                  | New Albany, 43054  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Rardin Family Practice Center  | 2231 N. High St.                      | Columbus, 43201  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Care of Healthy New Albany   | 150 W. Main St. Ste C                 | New Albany 43054   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>*This primary care location includes physicians from Family Medicine and General Internal Medicine.</i> |                                       |  |  |
| <b>Ohio State University General Internal Medicine locations (5)</b>                                       |                                       | <input type="checkbox"/> All locations for this clinical |  |
| Ohio State's CarePoint East General Internal Medicine  | 543 Taylor Ave. 3rd Fl Ste 3176       | Columbus, 43205  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Internal Medicine and Pediatrics at Grandview  | 895 Yard St.                          | Grandview, 43212   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Internal Medicine and Pediatrics at Hilliard   | 3691 Ridge Mill Dr.                   | Hilliard, 43026  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Internal Medicine at Morehouse   | 2050 Kenny Rd. Ste 2400               | Columbus, 43221  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OSU Internal Medicine at Stoneridge/Dublin   | 3900 Stoneridge Lane Ste B            | Dublin, 43017  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>PrimaryOne Health, Inc. locations (8)</b>   |                                       | <input type="checkbox"/> All locations for this clinical |  |
| PrimaryOne Health 3781 S High  | 3781 S. High St.                      | Columbus, 43207  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 1791 Alum Creek  | 1791 Alum Creek Dr. Ste 100           | Columbus, 43207  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 299 Cramer Creek   | 299 Cramer Creek Ct.                  | Dublin, 43017  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 3433 Agler   | 3433 Agler Rd. Ste 2800               | Columbus, 43219  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 2300 W Broad   | 2300 W. Broad St.                     | Columbus, 43204  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 1180 E Main  | 1180 E. Main St.                      | Columbus, 43205  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 1905 Parsons   | 1905 Parsons Ave.                     | Columbus, 43207  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PrimaryOne Health 1500 E 17th  | 1500 E. 17 <sup>th</sup> Ave.         | Columbus, 43207  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                             |                        |
|-----------------------------|------------------------|
| <b>5. IRB/WIRB APPROVAL</b> |                        |
| Protocol Number:            | Initial Approval Date: |

|   |               |                              |
|---|---------------|------------------------------|
| <b>6. FUNDING</b>   |               | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Sponsor:   | Award Number: |                              |
| <input type="checkbox"/> Other funding source (e.g., personal or departmental funds): |               |                              |

**7. OTHER RESEARCH PERSONNEL**

List research personnel on this protocol that will be involved in the recruitment and consent of participants and any other research personnel that will visit the clinic site (i.e., Research Assistant).

**8. RESEARCH METHODS AND PROCEDURES**

Identify all procedures that are to be performed in the participating clinic sites.

**9. DURATION**

Estimate the time required from each participant in detail, including the number of visits/sessions required. Estimate the time required from clinic staff, if applicable. Provide the anticipated study duration.

**10. NUMBER OF SUBJECTS**

Provide the total number of subjects needed to reach the enrollment goal of the study, indicating the anticipated number to recruit per site as listed above.

**11. REIMBURSEMENTS AND INCENTIVES TO PARTICIPATE**

N/A

Will subjects receive compensation or other inducements (e.g., free services, cash payments, gift certificates, parking, classroom credit, travel reimbursement) to participate in the research study?

**12. LEVEL OF SITE INVOLVEMENT**

Describe the resources required to conduct research at each site (e.g., exam room, blood draw, etc) to participate in the research study?

**13. ASSURANCES AND SIGNATURE**

I verify that the information provided in this COPBRN Application for Research is accurate and complete. I understand that as Principal Investigator I have ultimate responsibility for the research. I agree to comply with all generally accepted good clinical research practice guidelines as well as with all other applicable professional practice standards regarding research.

- The research will be performed under the direction of the Principal Investigator by appropriately trained and qualified personnel.
- Serious, unexpected adverse events, unanticipated adverse device effects, and unanticipated problems involving risks to subjects or others will be promptly reported to the COPBRN Steering Committee.
- The COPBRN Steering Committee will be informed of any proposed changes in the research protocol before changes are implemented, and no changes will be made until approved by the COPBRN Steering Committee (except where necessary to eliminate apparent immediate hazards to subjects).
- A final report will be provided to the COPBRN Steering Committee when all research activities have ended.
- All co-investigators, research staff, employees, and students assisting in the conduct of the research will be informed of their obligations in meeting the above commitments.

I agree to comply with all policies and procedures of The Ohio State University, as well as with all applicable federal, state, and local laws and guidance regarding the protection of human subjects in research.

Signature of Principal Investigator

Date

Printed name of Principal Investigator

Signature of COPBRN Director

Date

Printed name of COPBRN Director