UCLA Health

VOLUNTEER SERVICES

CLINICAL RESEARCH VOLUNTEER/STUDENT SCOPE OF DUTIES

PLEASE NOTE: IN ORDER FOR THIS FORM TO BE PROCESSED, THE DEPARTMENT MUST FILL OUT ALL AREAS OF THIS FORM.

Date: / /	**Department:**
Name of Program:	
Name of Applicant's Supervisor:	
Supervisor's Phone Number: ( ) -	**Email**:
Name of Applicant:	**Birthdate:** / /
Applicant's Phone Number: ( ) -	**Email**:

Is the applicant currently on a visa status? ☐ **Yes** ☐ **No** **If yes specify:** **VISA:** ___ **Exp. Date:** ____/_____

Is the applicant a current UCLA Student? ☐ **Yes** ☐ **No** **If yes, please provide UID:** _____

Please list the Institutional Review Board (IRB) number(s) that the applicant will be involved in: _____

- **For multiple studies, please indicate "see attached" and attach a list of studies. For a template see CRV IRB Listing Template. If it is an IRB-Exempted study, please indicate "IRB-Exempted Study". If not applicable, please indicate: "N/A"**

Hours per Week (20max): **Start Date:** _____/_____ **End Date:** _____/_____ **OR Duration:** _____

Location(s):

Please check one:	**Will the applicant receive any type of stipend or credit?**
☐Applicant will have contact/interaction with potential/current study participants. ☐Applicant will not have contact/interaction with potential/current study participants.	☐ **Yes (Please explain below)** ☐ **No** _____

SECTION 1: PLEASE READ AS THE FOLLOWING VIOLATES THE UCLA POLICY:

- Perform duties similar in scope, requirements and expectations from regular staff employees within the organization.
- Perform any duties for Industry supported Clinical Trials where prohibited by contract.
- Drive as part of their duties/role. (Commuting to service site should not be considered a volunteer/student duty)
- Perform clinical practice or answer/discuss clinical/medical questions (e.g. clinical screening or assessments, etc.)
- Certain restrictions apply for those working with sharps, radioactive materials, hazardous materials, and/or biohazardous materials. Please indicate in Section 3, if these volunteer/student duties will apply.
- Operate equipment or machinery that requires certification, even if certified (e.g. MRI, Ultrasound, etc.)
- Perform high-level/high-risk duties (e.g. operating certain equipment, exposure to radiation, etc.)
- Supervise or oversee UCLA Health or DGSOM personnel (paid or unpaid)
- If a volunteer is a UCLA Health or DGSOM employee, they cannot volunteer in the same department or perform duties that are similar to their paid position regardless of location within the institution.
- Shadowing is ONLY permitted in approved shadowing program shifts. (Clinical Observers and Shadowers Policy HS0360)

Please check each duty/role the Volunteer/Student applicant may be performing:

NOTE: MINORS (under the age of 18) may only be assigned administrative duties listed in Section 2 Part A

SECTION 2: Part A: Basic Administrative Duties ☐ Section 2 Part A duties do not apply

☐ Filing, organizing, photocopying, restocking (brochures, flyers, and/or supplies), or preparing materials for study visits.
☐ Assist the staff with answering the phone [no Protected Health Information (PHI) involved]
☐ Greet and guide patients/test subjects to rooms.
☐ Attend departmental meetings/workshops/lectures.

SECTION 2: Part B: Other Administrative Duties ☐ Section 2 Part B duties do not apply

☐ Data Entry [no PHI]
☐ Data Quality Checks and Control [no PHI]
☐ Assist with writing and/or editing correspondence, reports, and other materials.
☐ Assist in the development of presentations and publications (such as PowerPoint, etc.)
☐ Order and maintain required inventories of study supplies. (ordering supplies requires staff supervision)

SECTION 3: Laboratory Based Research Only ☐ Section 3 duties do not apply

☐ Assist with maintaining records for experiments

☐ Collect and/or Prepare Samples (please explain in detail what type of samples and what training is required):

_____

☐ Cell Biology Experiments (please explain in detail type of cells or procedures performed):

_____

☐ Pipetting/solution preparation (No Human Body Fluids)

☐ Clean Supplies and Equipment (please list all the supplies/equipment the applicant will be cleaning):

_____

☐ Perform other laboratory activities that are required as part of the research (please indicate in details below):

_____

☐ Working with: ☐Sharps/Needles ☐ Radioactive Materials ☐ Hazardous Materials ☐Biohazardous Materials

Specify the above materials:_____

☐ Transport specimens/blood (must be sealed in protective barrier) or equipment (will require separate training and Certification as proof, please list training in Agreement Section in page 3).

SECTION 4: Clinical Research Functions [IRB and Other Approvals Needed] ☐ Section 4 duties do not apply

Please note: the scope of the applicant's duties must be explicitly listed and described in the IRB application under "Other Personnel" (NOT "Key Personnel") for proper evaluation according to the nature of the project and procedures.

☐ Recruit potential research participants

☐ Provide information on study participation by phone or in person using a fact/reference sheet.

☐ Hand out the informed consent document to potential participants with staff supervision

☐ Assist with data management and analysis

☐ Screen potential research participants to determine qualification for participation based upon a structured screening method approved by the IRB (please explain in detail how):

_____

☐ Conduct follow-up visits with research participants to collect on-study data. On-study data may include interviews, questionnaires, diaries, or arranging for the collection of clinical data when clinicians perform the clinical activities.

☐ Conduct clinical or behavioral interventions with participants for research:

☐ Please list all clinical or behavioral intervention activities:

_____

☐ The applicant will be trained and qualified to perform the above listed intervention activities. The applicant will have the following required training, certifications and competency assessments:

_____

SECTION 5: Access to Systems and PHI [Compliance, IRB, and Other Approvals Needed] ☐ Section 5 duties do not apply

NOTE: Volunteers/Students may NOT access CareConnect/clinical data remotely or using personal devices.

☐ Review and/or help analyze clinical data from medical records of potential or current research participants through verified and validated CareConnect access or hardcopy records:

☐ Physical/Hard-Copy Medical Records

☐ Care Connect Access (Physical Signatures/Initials Required)(Please complete below information):

- Requested Template:_____
- Reason this Template is needed:_____ _____
- Volunteers/Students may only use Care Connect from UCLA-owned devices on UCLA Health Sciences premises.

  Volunteers/Students may not access Care Connect remotely or on personal devices. *PI Initials*_____
- Volunteers/Students may not store clinical data on personally owned devices or removable media. *PI Initials*_____

☐ Use MedNet account for emailing. Patient/Subject identifiers may not be sent via email to the applicant. *PI Initials*_____

☐ Using a mobile device or laptop for MedNet ONLY (must have Airwatch installed/be encrypted by UCLA Health)

- If it is a personal device, please complete the **Clinical Research Volunteer/Student Personal Device Form**.

☐ Accessing non-clinical data remotely on a UCLA-owned and approved device.

- Please specify data:_____

☐ Using a USB memory device for non-clinical data (must be password protected AND encrypted by UCLA Health)

- Volunteers/Students are not permitted to take the USB memory device off-site. The inviting Supervisor/PI is responsible if the device is stolen or lost.

SECTION 6: Other Duties NOT listed ☐ Section 6 duties do not apply

Please list in detail any other duties the applicant will be performing that is NOT indicated in Sections 1-5:

☐ _____

Required training/qualifications: _____

☐ _____

Required training/qualifications: _____

☐ _____

Required training/qualifications: _____

☐ _____

Required training/qualifications: _____

Will the applicant be involved in any observations? (Please see Section 1 regarding shadowing policy) ☐ Yes ☐ No

Please explain type of observations: _____

ACKNOWLEDGEMENT AGREEMENT

☐ I agree that the Volunteer/Student applicant will be trained and qualified to perform the above activities.

- **CITI training is required in order to perform clinical research duties: https://www.citiprogram.org/**
  - Human Subjects Protections, HIPAA for Research, (Recommended: Good Clinical Practices)
- **Other laboratory, safety, and specific training must also be the responsibility of the Principal Investigator: https://www.ehs.ucla.edu/training** (Please list all if applicable):
  - _____
- The applicant will not start performing any duties or activities until cleared and IRB approved.

  Name of IRB Study Approver: _____

  If Applicable: IRB Approval Date(s): _____

Please indicate any other responsible supervisors for ongoing oversight and training for the applicant to perform his/her duties:
Name(s) of Designated Responsible Supervisor(s) (must be a UCLA Employee):

_____

By signing below, the following parties agree that they understand the UCLA policies and guidelines indicated on this form.

- The inviting Supervisor or Principal Investigator attests that the above information on this form is true and correct and that **any changes/updates** will be reported to the Volunteer Office or Lily Zhang (lilyzhang@mednet.ucla.edu).
- The applicant attests that they understand this form is their service description and that they are **NOT permitted to perform** any duties NOT listed or approved on this form.

Inviting Supervisor/Principal Investigator

Name: _____ Title: _____

Signature: _____ Date: _____

Applicant

Name: _____

Signature: _____ Date: _____

Volunteer Office Approval:

Coordinator Name: _____

Signature: _____ Date: _____

VOLUNTEER SERVICES
CLINICAL RESEARCH VOLUNTEER/STUDENT SCOPE OF DUTIES
UCLA BRAIN MAPPING CENTER ADDENDUM

Name of Volunteer/Student: _____

All below duties will be directly supervised by a paid laboratory employee (BMC Techs will not supervise or be responsible for these volunteers or students)

SECTION 6: Brain Mapping Center Data Acquisitions (check all sections that apply)

☐ **MRI – Magnetic Resonance Imaging (requires BMC MRI Safety Certification)**

- Give the participant the MR safe clothing to change into when necessary
- Review the MR screening form for completeness ONLY - the laboratory staff must verify that the participant is safe to scan
- Assist staff when positioning participants on the scanner bed – volunteers are not permitted to handle coils or operate the MR bed or controls
- Give the participant applicable ancillary equipment: button box, headphones, cushions and/or goggles
- Set up and turn on ancillary equipment* (except physio devices – volunteers may not setup physio equipment)
- Give the participant hearing protection (earplugs and/or headphones)
- Give the participant the emergency squeeze ball/button
- If needed, hand the participant prescription lenses to assess strength and then put the appropriate lenses in the MR safe goggles
- Talk to the participant over the intercom to ask them how they are doing and to let them know how long the next scan will last
- Read task/stimuli instructions or ask survey questions from a script ONLY
- Clean up scanner/control room: turn off, put away and clean ancillary equipment* with alcohol prep pads when applicable
- Serve as a "safety second" during scans to assist laboratory staff in the event of an emergency, duties may include:
    - Get help per the MRI safety training protocol
    - Help remove the participant from the MRI scanner bed using the MR-safe gurney and/or wheelchair
    - Retrieve and use the AED outside the scanner room
    - Press the electrical shutdown and/or quench buttons when deemed necessary per MRI safety training

*Button boxes, squeeze ball/button, headphones, goggles, cushions, cables, laptops, projector

☐ **TMS – Transcranial Magnetic Stimulation (requires BMC TMS Safety Certification)**

- Record data measurements
- Clean equipment
- Assist in the event of an emergency per TMS safety training

☐ **tDCS – Transcranial Direct Current Stimulation**

- Clean equipment

Principal Investigator Signature: _____ Date: _____

Volunteer/Student Signature: _____ Date: _____