



COLUMBIA COMMUNITY PARTNERSHIP FOR HEALTH (CCPH) SPACE REQUEST

390 Fort Washington Avenue, Ground Floor
New York, NY 10033

CCPH is wheelchair accessible

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Fax (212) 568-3453

www.irvinginstitute.columbia.edu/cecr

As part of the Irving Institute’s ongoing commitment to community-engaged research, the Columbia Community Partnership for Health’s facilities are available, free of charge, to CUMC and eligible community stakeholders for health related activities such as research, meetings, workshops, and events.

Our facility use policies, room descriptions, and listing of available audio/visual equipment are available on our [website](#). Hours of operation are Monday-Friday from 9:00a-5:00p and evenings and Saturdays upon arrangement.

CCPH staff will make the best effort to provide a stable environment during an event. However, unforeseen circumstances such as fire alarms, disruptions in internet service due to inclement weather, and other incidents are unpreventable.

While we do try to accommodate all requests, please submit your reservation far in advance of the requested date(s). You may submit your form to Alejandra N. Aguirre, Senior Program Manager, by email at ana2104@cumc.columbia.edu or fax at (212) 568-3453. CCPH staff will respond to your request as soon as possible.

CONTACT INFORMATION

Full name of organization or CUMC affiliation (no acronyms): _____

Executive Director/Principal Investigator: _____

Briefly describe the function of your organization and/or program:

Website URL (if any): _____

Individual requesting use: _____ Title: _____

Email: _____ Phone number: _____

Individual responsible on day of the event: _____ Title: _____

Cell phone number: _____ Office phone number: _____

Email: _____ Please initial that you have read the CCPH Facility Use Policies: _____

RESERVATION INFORMATION

1. What is the nature of the activity that will take place at CCPH? Please be as detailed as possible.

2. Will you be conducting a research related activity at CCPH? Yes No (skip to question 4)

2a. If yes, what is the IRB protocol number for this research study? _____

Note: Please submit a copy of your approved IRB protocol (i.e. Protocol Data Sheet, Study Description Data Sheet, and Consent Form) along with this request form.

3. Does your research involve any medical procedure (e.g., blood draw)? Yes No (skip to question 4)

3a. If yes, has the Irving Institute's Clinical Research Resource (CRR) approved this protocol? Yes No

Note: All research protocols involving medical procedures, including blood draw, must be approved by the CRR.

3b. What is the assigned CRR protocol number? _____

Note: Please submit a copy of the signed CRR approval letter.

3c. What is the contact information for the physician on-call?

Name: _____ Phone number: _____

Note: All research protocols that involve a medical procedure, including blood draw, must provide contact information for the study's physician on-call.

4. Requested date(s) (mm/dd/yyyy): _____

5. Requested time(s): _____ AM PM - _____ AM PM - _____ AM PM - _____ AM PM - _____ AM PM -

Note: factor enough time for set-up and clean-up

6. In this a recurring event? Yes No

7. Number of estimated attendees/participants per session: _____

8. Room(s) Requested:

- Conference Room
- Interview/Consultation Room
- Exam Room
- Computer Lab

9. A/V Equipment Requested:

- Audio recorders with microphones
- Laptop
- Projector

10. Additional Supplies:

- Easel
- Microphone
- Laser pointer
- Utility table
- Wireless presentation remote
- White board with markers

9a. If using outside A/V equipment, do you require an equipment test? Yes No

11. Will food/beverage be served? Yes No

12. If you have a special request or need please describe below or you may contact us to discuss it directly.

CCPH OFFICE USE ONLY

Date Submitted: _____ Approved By: _____ Date Approved: _____

New Recurrent // IRB Protocol: NA Submitted // CRR Letter: NA Submitted // Physician-On-Call: NA Submitted

Notes: _____