

**COLUMBIA COMMUNITY PARTNERSHIP FOR HEALTH (CCPH)  
RESERVATION FORM**

390 Fort Washington Avenue, Ground Floor  
New York, NY 10033  
♿ CCPH is wheelchair accessible

Tel. (646) 697-2274  
irvinginst\_community@cumc.columbia.edu

As part of the Irving Institute’s ongoing commitment to academic-community partnerships, the Columbia Community Partnership for Health (CCPH) facilities are available, free of charge, to Columbia University and eligible non-profit groups for health related activities such as research, meetings, workshops, and events.

Our CCPH 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 all other times upon arrangement.

While we do try to accommodate all requests, submit your reservation far in advance of the requested date(s). Submit your form by email at [irvinginst\\_community@cumc.columbia.edu](mailto:irvinginst_community@cumc.columbia.edu). CCPH staff will respond to your request within one business day.

If you need to cancel a reservation, notify CCPH staff as soon as possible via email at [irvinginst\\_community@cumc.columbia.edu](mailto:irvinginst_community@cumc.columbia.edu). Repeated no shows may result in the loss of all future CCPH reservation privileges.

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

| CONTACT INFORMATION     |                                               |                                                                                                                                                                                          |                                                         |                                                         |                                                         |                                             |
|-------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| 1                       | CU Affiliation or Organization                | Full name (no acronyms):                                                                                                                                                                 |                                                         |                                                         |                                                         |                                             |
| 2                       | PI or Exec. Dir.                              | Name of Principal Investigator or Executive Director:                                                                                                                                    |                                                         |                                                         |                                                         |                                             |
| 3                       | Description                                   | Briefly describe the function of your organization and/or program:                                                                                                                       |                                                         |                                                         |                                                         |                                             |
| 4                       | Website URL                                   | If any, provide:                                                                                                                                                                         |                                                         |                                                         |                                                         |                                             |
| 5                       | Individual Requesting Use                     | Name:                                                                                                                                                                                    |                                                         |                                                         |                                                         |                                             |
|                         |                                               | Title:                                                                                                                                                                                   |                                                         |                                                         |                                                         |                                             |
|                         |                                               | Email:                                                                                                                                                                                   | Tel:                                                    |                                                         |                                                         |                                             |
| 6                       | Individual Responsible on Day of the Activity | Name:                                                                                                                                                                                    |                                                         |                                                         |                                                         |                                             |
|                         |                                               | Title:                                                                                                                                                                                   |                                                         |                                                         |                                                         |                                             |
|                         |                                               | Email:                                                                                                                                                                                   |                                                         |                                                         |                                                         |                                             |
|                         |                                               | Tel:                                                                                                                                                                                     | Cell phone:                                             |                                                         |                                                         |                                             |
| RESERVATION INFORMATION |                                               |                                                                                                                                                                                          |                                                         |                                                         |                                                         |                                             |
| 7                       | Recurring Activity                            | a) Is this a recurring activity? <input type="checkbox"/> Yes ( <i>go to 7b</i> ) <input type="checkbox"/> No ( <i>go to 8</i> )                                                         |                                                         |                                                         |                                                         |                                             |
|                         |                                               | b) If yes, frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly                                 |                                                         |                                                         |                                                         |                                             |
| 8                       | Date(s) and Time(s)                           |                                                                                                                                                                                          | Date (mm/dd/yyyy)                                       | Start* (hh:mm)                                          | End* (hh:mm)                                            | *Factor enough time for set-up and clean-up |
|                         |                                               | Day 1                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 2                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 3                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 4                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 5                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 6                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 7                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 8                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
|                         |                                               | Day 9                                                                                                                                                                                    |                                                         | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |                                             |
| Day 10                  |                                               | <input type="checkbox"/> am <input type="checkbox"/> pm                                                                                                                                  | <input type="checkbox"/> am <input type="checkbox"/> pm |                                                         |                                                         |                                             |
| 9                       | Attendees                                     | a) Number of estimated attendees/participants per activity:                                                                                                                              |                                                         |                                                         |                                                         |                                             |
|                         |                                               | b) Will there be children present during your activity? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |                                                         |                                                         |                                                         |                                             |
| 10                      | Space(s) Requested                            | a) Check all that apply:<br><input type="checkbox"/> Conference Room <input type="checkbox"/> Interview Room<br><input type="checkbox"/> Exam Room <input type="checkbox"/> Waiting Area |                                                         |                                                         |                                                         |                                             |

|    |                         |                                                                                                                                                                                                                                                                  |
|----|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                         | b) Preferred seating arrangement for Conference Room:<br><input type="checkbox"/> Classroom <input type="checkbox"/> Conference room<br><input type="checkbox"/> Row seating <input type="checkbox"/> Other (call to discuss)                                    |
| 11 | A/V Equipment Requested | a) <input type="checkbox"/> Audio recorders with microphones <input type="checkbox"/> Laptop <input type="checkbox"/> Projector<br>b) If using outside A/V equipment, do you require an equipment test? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Additional Supplies     | <input type="checkbox"/> Easel <input type="checkbox"/> Microphone <input type="checkbox"/> Laser pointer<br><input type="checkbox"/> Utility table <input type="checkbox"/> Wireless presentation remote <input type="checkbox"/> White board with markers      |
| 13 | Special Request         | If you have a special request or need briefly describe or you may contact us to discuss it directly:                                                                                                                                                             |
| 14 | CCPH Policies           | Initial that you have read the CCPH Facility Use Policy:                                                                                                                                                                                                         |

Complete only the section that corresponds to your activity type based on the following table:

| Section  | Type of Activity                           | Description of Activity                                                                                                                   |
|----------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | Activities involving any medical procedure | All activities that involve a medical procedure, such as blood pressure screening, fingerstick, blood draw, or other specimen collection. |
| <b>B</b> | Activities with NO medical procedure       | All activities that do not involve a medical procedure, such as events, training, sessions, workshops, focus groups and interviews.       |

| ACTIVITY INFORMATION |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b>             | 15 | Description of the Activity (be as detailed as possible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      | 16 | Type of Medical Procedure<br><input type="checkbox"/> Blood pressure screening <input type="checkbox"/> Fingerstick <input type="checkbox"/> Blood draw <input type="checkbox"/> Saliva collection<br><input type="checkbox"/> Urine collection <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                              |
|                      | 17 | Physician On-Call<br>Name: _____ Direct phone number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                      | 18 | Protocol Information<br>a) Is this activity research related? <input type="checkbox"/> Yes ( <i>go to 18b</i> ) <input type="checkbox"/> No<br>b) IRB protocol number:<br>IRB expiration date (mm/dd/yyyy):<br>Along with this request form, submit the following documents:<br><input type="checkbox"/> IRB approval letter <input type="checkbox"/> Study consent form<br><input type="checkbox"/> IRB data sheet<br>c) Is this study approved by the Clinical Research Resource?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Clinical Research Resource (CRR) number:<br>Along with this request form, submit the CRR approval letter. |

| ACTIVITY INFORMATION |    |                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b>             | 20 | Description of the Activity (be as detailed as possible)                                                                                                                                                                                                                                                                                                                                                         |
|                      | 21 | Protocol Information<br>a) Is this activity research related? <input type="checkbox"/> Yes ( <i>go to 21b</i> ) <input type="checkbox"/> No<br>b) IRB protocol number:<br>IRB expiration date (mm/dd/yyyy):<br>Along with this request form, submit the following documents:<br><input type="checkbox"/> IRB approval letter <input type="checkbox"/> IRB data sheet <input type="checkbox"/> Study consent form |

**CCPH OFFICE USE ONLY**

|      |           |          |              |       |
|------|-----------|----------|--------------|-------|
| Date | Submitted | Approved | Approved by: | Code: |
|      |           |          |              |       |

| Section | IRB approval letter                                             | IRB data sheet                                                  | Study consent form                                              | CRR approval letter                                             |
|---------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| A       | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A |
| B       | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A | <input type="checkbox"/> Submitted <input type="checkbox"/> N/A |                                                                 |

Notes: