UCLA Health

VOLUNTEER SERVICES

CLINICAL RESEARCH VOLUNTEER SCOPE OF DUTIES

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

Date: / /	**Department:**
Name of Program:	
Name of Volunteer's Supervisor:	
Supervisor's Phone Number: ( ) -	**Email**:
Name of Volunteer:	**Birthdate:** / /
Volunteer's Phone Number: ( ) -	**Email**:
Is the volunteer currently on a visa status? ☐ **Yes** ☐ **No** **If yes specify:** **VISA:** ___ **Exp Date:** ____/_____	
Please list the Institutional Review Board (IRB) number(s) that the volunteer will be involved in: _____	
Hours per Week: 1-20max **Start Date:** _____/_____ **End Date:** _____/_____ **OR Duration:** _____	
Location(s):	
Please check one: ☐Volunteer will have direct contact with potential/current research participants ☐Volunteer will not have direct contact with potential/current research participants.	**Will the volunteer receive any type of stipend or credit?** ☐ **Yes (Please explain below)** ☐ **No** _____

SECTION 1: NOT ALLOWED, THE FOLLOWING VIOLATE THE UCLA POLICY FOR VOLUNTEERS:

- 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 volunteer duties. (Commuting to service site should not be considered a volunteer 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 on Section 3, if the volunteer 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 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 programs. (Clinical Observers and Shadowers Policy HS0360)
- Access CareConnect remotely or on personal devices
- Access or store clinical data on personal devices.

Please check each duty/role the volunteer may be performing:

NOTE: MINORS involved in Clinical Research may only be assigned administrative duties listed in Section 2 Part A

SECTION 2: Part A: Basic Administrative Duties [Volunteer Office Approval Only]

☐ Filing, organizing, photocopying, or preparing materials for study visits.
☐ Greet and guide patients/test subjects to rooms.
☐ Attend departmental meetings/workshops/lectures.
☐ Restocking brochures, flyers, and/or supplies.

SECTION 2: Part B: Administrative [Volunteer Office Approval Only]

☐ Data Entry [no Protected Health Information (PHI)]
☐ Data Quality Checks and Control [no PHI]
☐ Write and/or edit correspondence, reports, and other materials.
☐ Assist in the development of presentations and publications.
☐ Order and maintain required inventories of study supplies.
☐ Perform errands that are required as part of the research (please explain errands in details below):

_____

SECTION 3: Laboratory Based Research Only [Volunteer Office Approval Only]

☐ Maintain records for experiments

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

_____

☐ Cell Biology Experiments (please explain in detail):

_____

☐ Pipetting/solution preparation (No Human Body Fluids)

☐ Clean Supplies and Equipment (please list all the supplies/equipment the volunteer 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:_____

SECTION 4: Research Functions [IRB Approval Needed]

Please note: the scope of volunteer work must be explicitly described in the IRB application 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

☐ 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 such activities:

_____

☐ Volunteer will be trained and qualified to perform such activities. Volunteer will have the following required training, certifications and competency assessments:

_____

SECTION 5: Access to Systems and PHI [IRB and Compliance Approval Needed]

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

☐ Use Mednet account for emailing

☐ Accessing data remotely on a UCLA approved device

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

☐ Using a USB memory device (must be password protected AND encrypted by UCLA Health)

☐ Transport specimens, blood, or equipment (will require separate training and certifications)

Acknowledgement Agreement

☐ I agree that the volunteer will be trained and qualified to perform such activities.

☐ The volunteer will have the following required training, certifications and competency assessments:

_____

CITI training of all clinical research volunteers is required as follows: https://www.citiprogram.org/

- Human Subjects, HIPAA for Research, 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 designate a responsible party for ongoing oversight and training for the volunteer to perform his/her duties.

The Principal Investigator attests that the above information is true and correct and that any changes will be reported to the Volunteer Office or Lily Zhang (lilyzhang@mednet.ucla.edu).

Principal Investigator Signature:_____Date:_____

Volunteer Signature:_____Date:_____