Research Service Policy for IV or Blood Draw Studies

1. Research Service acknowledges that some approved human subjects research studies involve scheduled blood draw and/or placement of IV lines.
2. The facility clinical IV Team that performs these functions for patients do not have the capacity to perform IV placement or blood draw on demand for research protocols.
3. If a study will require subjects to have an IV placed or requires a blood draw, the investigator MUST make their own arrangements.
4. If preparing a budget for a funded study that includes these procedures, salary and/or training cost for an employee to perform these procedures must be considered. If an unfunded study, it is the responsibility of the investigator to cover the cost of training this individual.
5. It is the responsibility of the investigator to negotiate with his/her service line and inpatient wards/units for a suitable location to perform IV placement and phlebotomy studies. Research has no available clinical space for these procedures.
6. Research personnel must adhere to IV Team guidance regarding blood draw and IV placement procedures – see Vascular Access Guidelines on MVAHCS SharePoint.
7. Blood draw:
   a. If using the MVAHCS Blood Draw Room (BDR), arrangements must be made in advance with an MOU.
   b. The IV Team may not be used for phlebotomy. Studies that do not bring participants to the BDR for blood draw, that include blood draws at times outside BDR's standard daytime hours, or studies that require blood draw to be performed on a timed schedule must include at least one study team member who is trained and has demonstrated competency to perform this procedure.
   c. The investigator must ensure that blood draw locations are listed in the research protocol and are approved by the facility Subcommittee on Research Safety before blood draw takes place. This includes specific rooms in the facility, inpatient wards/units, and Blood Draw room.
8. IV placement:
   a. Studies that include IV placement must include at least one individual who is trained and has documented demonstrated competency in this procedure.
   b. Investigators are strongly encouraged to consider a back-up for required vascular access procedures even if a study team member is normally expected to perform IV placement. Alternatives might include another provider or nurse. A Memorandum of Understanding is encouraged to formally arrange for back-up in advance of any planned clinical research visits.
   c. Use of the IV Team for vascular access procedures in approved studies should be requested as a last resort in emergency situations only. The facility IV Team is not obligated to assist with requested research procedures based on available resources and inpatient care priorities.