

CLINICAL TRIALS – APPLICATION CHECKLIST

Revised October 11, 2024

PI: _____ Division: _____ PATS#: _____

Sponsor: _____ CRO: _____ Protocol#: _____

New Amendment#: _____ Date: _____

Sponsor Type		Contract Offices – Clinical Trials	
For-Profit (Industry)	CTC&SR ClinicalTrials@mednet.ucla.edu	TDG (Dept Assignments)	
Non-Profit (Federal/State)	OCGA Submit docs via EPASS system		

Check	CTC&SR Items (submit to ClinicalTrials@mednet.ucla.edu)	Date Received	Date Sent
<input type="checkbox"/>	Confidential Disclosure Agreement: (PI/Study Team to submit sponsor CDA draft via email to CDA unit , copying Fund Mgr) After CDA is executed then route the rest of the docs.		
<input type="checkbox"/>	EPASS Remarks: New – include NCT# Amendment – include brief summary of amended changes		
<input type="checkbox"/>	Form 700-U Sponsor Docu-Sign		
<input type="checkbox"/>	Form 700-U Addendum Sponsor Docu-Sign		
<input type="checkbox"/>	Form 700-U CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	Form 700-U Addendum CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	Form 700-U Disclosure Supplement (if applicable) Docu-Sign		
<input type="checkbox"/>	Sponsor Draft Contract (Word doc) & Sponsor Draft Budget in OnCore		

Check	TDG Items (submit to TDG Contract Officer)	Date Received	Date Sent
<input type="checkbox"/>	Confidential Disclosure Agreement: (PI/Study Team to submit form and sponsor CDA draft via email to TDG contact , copying Fund Mgr) After CDA is executed then route the rest of the docs.		
<input type="checkbox"/>	EPASS Remarks: New – include NCT# Amendment – include brief summary of amended changes		
<input type="checkbox"/>	Form 740 (Federal) or Form 700-U (State) Sponsor Docu-Sign		
<input type="checkbox"/>	Form 700-U Addendum (State) Sponsor (if applicable) Docu-Sign		

<input type="checkbox"/>	Form 740 (Federal) or Form 700-U (State) CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	Form 700-U Addendum (State) CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	Form 740 Disclosure Supplement (Federal) or Form 700-U Disclosure Supplement (State) (if applicable) Docu-Sign		
<input type="checkbox"/>	ISR Proposal Checklist		
<input type="checkbox"/>	Proposal Budget		
<input type="checkbox"/>	Health Data Oversight Committee (HDOC) (Completed by PI, when applicable)		
<input type="checkbox"/>	Sponsor Draft Contract (Word doc) & Sponsor Draft Budget		

Check **OCGA Items** (submit via [EPASS](#)) **Date Received** **Date Sent**

<input type="checkbox"/>	EPASS Remarks: New – include NCT# Amendment – include brief summary of amended changes		
<input type="checkbox"/>	Form 740 (Federal) or Form 700-U (State) Docu-Sign		
<input type="checkbox"/>	Form 700-U Addendum (State) (if applicable) Docu-Sign		
<input type="checkbox"/>	Form 740 Disclosure Supplement (Federal) or Form 700-U Disclosure Supplement (State) (if applicable) Docu-Sign		
<input type="checkbox"/>	Sponsor Guidelines		
<input type="checkbox"/>	Budget Draft Simple/ PHS398/ Center Grant and Justification		
<input type="checkbox"/>	Final Proposal (science, agency required signatures, biosketches, etc.)		
<input type="checkbox"/>	Brief Description of Proposal Aims & Abstract		
<input type="checkbox"/>	Subaward Required Forms & Checklist (if applicable)		

Check **Additional Required Documents for all Clinical Trials**

<input type="checkbox"/>	Budget Final (available in OnCore)	Date Certified (if applicable)	Date Sent to OCGA
<input type="checkbox"/>	IRB Approval #: _____ (available from Study Team)		
<input type="checkbox"/>	NCT #: _____ (available from Study Team/OnCore)		
<input type="checkbox"/>	Informed Consent Form (ICF) Final (available from Study Team)		
<input type="checkbox"/>	Protocol (available in OnCore)		

Notes:

Prime Sponsor Name: _____ Contact Name: _____ Email & Phone: _____

Sponsor/CRO Name: _____ Contact Name: _____ Email & Phone: _____