

# CLINICAL TRIALS – APPLICATION CHECKLIST

*Revised July 27, 2021*

PI: \_\_\_\_\_ Division: \_\_\_\_\_ PATS#: \_\_\_\_\_

Sponsor: \_\_\_\_\_ CRO: \_\_\_\_\_ Protocol#: \_\_\_\_\_

New       Amendment#: \_\_\_\_\_      Date: \_\_\_\_\_

Sponsor Type		Contract Offices – Clinical Trials	
<b>For-Profit</b> (Industry)	<b>CTC&amp;SR</b> <a href="mailto:ClinicalTrials@mednet.ucla.edu">ClinicalTrials@mednet.ucla.edu</a>	<b>TDG (Dept Assignments)</b> Non-HemOnc: Tara Davidoff at <a href="mailto:Tara.Davidoff@tdg.ucla.edu">Tara.Davidoff@tdg.ucla.edu</a> HemOnc: Karla Zepeda at <a href="mailto:KZepeda@tdg.ucla.edu">KZepeda@tdg.ucla.edu</a>	
<b>Non-Profit</b> (Federal/State)	<b>OCGA</b> Submit docs via <a href="#">EPASS</a>		

Check	CTC&SR Items (submit to <a href="mailto:ClinicalTrials@mednet.ucla.edu">ClinicalTrials@mednet.ucla.edu</a> )	Date Received	Date Sent
<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> New – include NCT# Amendment – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 700-U Sponsor</a>		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum Sponsor</a>		
<input type="checkbox"/>	<a href="#">Form 700-U CRO</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum CRO</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 700-U Disclosure Supplement</a> (if applicable)		
<input type="checkbox"/>	<a href="#">PI Exception Form</a> (if applicable)		
<input type="checkbox"/>	<b>Sponsor Draft Contract (Word doc) &amp; Sponsor Draft Budget</b>		

Check	TDG Items (submit to <a href="#">TDG Contract Officer</a> )	Date Received	Date Sent
<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> New – include NCT# Amendment – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 740 (Federal) or Form 700-U (State) Sponsor</a>		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State) Sponsor</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 740 (Federal) or Form 700-U (State) CRO</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State) CRO</a> (if applicable)		

<input type="checkbox"/>	<a href="#">Form 740 Disclosure Supplement (Federal)</a> or <a href="#">Form 700-U Disclosure Supplement (State)</a> (if applicable)		
<input type="checkbox"/>	<a href="#">PI Exception Form</a> (if applicable)		
<input type="checkbox"/>	<a href="#">ISR Proposal Checklist</a>		
<input type="checkbox"/>	<a href="#">Proposal Budget</a>		
<input type="checkbox"/>	<b>Sponsor Draft Contract (Word doc) &amp; Sponsor Draft Budget</b>		

Check	OCGA Items (submit via <a href="#">ePASS</a> )	Date Received	Date Sent
<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> <b>New</b> – include NCT# <b>Amendment</b> – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 740 (Federal)</a> or <a href="#">Form 700-U (State)</a>		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State)</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 740 Disclosure Supplement (Federal)</a> or <a href="#">Form 700-U Disclosure Supplement (State)</a> (if applicable)		
<input type="checkbox"/>	<a href="#">PI Exception Form</a> (if applicable)		
<input type="checkbox"/>	<b>Sponsor Guidelines</b>		
<input type="checkbox"/>	<b>Budget <a href="#">Draft</a> / <a href="#">Justification</a></b>		
<input type="checkbox"/>	<b>Final Proposal</b> (science, agency required signatures, biosketches, etc.)		
<input type="checkbox"/>	<b>Brief Description of Proposal Aims &amp; Abstract</b>		
<input type="checkbox"/>	<b>Subaward <a href="#">Required Forms</a> &amp; <a href="#">Checklist</a></b> (if applicable)		

Check	Additional Required Documents for all Clinical Trials		
<input type="checkbox"/>	<b>Budget Final</b>	<b>Date Certified (if applicable)</b>	<b>Date Sent to OCGA</b>
<input type="checkbox"/>	<a href="#">DOM PI Responsibility Form</a> (Annual- valid for 1 year)		<b>Date on File</b>
<input type="checkbox"/>	<b>IRB Approval #:</b> _____ (available from Study Team)		
<input type="checkbox"/>	<b>NCT #:</b> _____ (available from Study Team/OnCore)		
<input type="checkbox"/>	<b>Informed Consent Form (ICF) Final</b> (available from Study Team)		
<input type="checkbox"/>	<b>Protocol</b> (available in OnCore)		

**Notes:** Sponsor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_