

Department of Medicine – Clinical Trial Program

New/Amended Study Notice from Study Team to Fund Manager

| Study Details (after site selection) | | | | | | | | | | | | | |
|---|--|--|--|--|---------------|--------------------------------|----------------------------------|--------------------|--------------------------------|----------------------------------|------------------|--------------------------------|----------------------------------|
| Principal Investigator: | | | | | | | | | | | | | |
| Sub-Investigator(s): | | | | | | | | | | | | | |
| Type of Study: <input type="checkbox"/> PI-Initiated <input type="checkbox"/> Sponsor-Initiated | | | | | | | | | | | | | |
| Funding Type: <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit (due date/deadline, if applicable: _____) | | | | | | | | | | | | | |
| Protocol Number: | IND Number: (for regulatory use) | | | | | | | | | | | | |
| Protocol Title: | | | | | | | | | | | | | |
| Attachments: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Protocol</td> <td style="width: 33%;"><input type="checkbox"/> Final Version</td> <td style="width: 33%;"><input type="checkbox"/> Draft (PI initiated ONLY)</td> </tr> <tr> <td>2. ICF</td> <td><input type="checkbox"/> Draft</td> <td><input type="checkbox"/> Pending</td> </tr> <tr> <td>3. Contract</td> <td><input type="checkbox"/> Draft</td> <td><input type="checkbox"/> Pending</td> </tr> <tr> <td>4. Budget</td> <td><input type="checkbox"/> Draft</td> <td><input type="checkbox"/> Pending</td> </tr> </table> | | 1. Protocol | <input type="checkbox"/> Final Version | <input type="checkbox"/> Draft (PI initiated ONLY) | 2. ICF | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending | 3. Contract | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending | 4. Budget | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending |
| 1. Protocol | <input type="checkbox"/> Final Version | <input type="checkbox"/> Draft (PI initiated ONLY) | | | | | | | | | | | |
| 2. ICF | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending | | | | | | | | | | | |
| 3. Contract | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending | | | | | | | | | | | |
| 4. Budget | <input type="checkbox"/> Draft | <input type="checkbox"/> Pending | | | | | | | | | | | |
| Anticipated # of Patients at UCLA site: | | | | | | | | | | | | | |
| Study Duration (# of years): | | | | | | | | | | | | | |
| IRB Number: | or <input type="checkbox"/> Pending | | | | | | | | | | | | |
| NCT Number: | or <input type="checkbox"/> Pending | | | | | | | | | | | | |

Sponsor Information

Name:

Address:

Contact Name:

Contact Role/Title (if known):

Responsible for: Contract Budget Contract & Budget

Contact Email:

Contact Phone:

CRO Information (if applicable)

Name:

Address:

Contact Name:

Contact Role/Title (if known):

Responsible for: Contract Budget Contract & Budget

Contact Email:

Contact Phone:

Notes/Comments:

Additional resources:

- [CT Application Checklist](#) (minimum documents/forms needed)
- [DOM CTP - Service Menu and Application](#)