

# Clinical Trials Contracting and Strategic Relations Subcontract Checklist\*

(\*For use when a subcontract is issued out of UCLA off of a prime award that is an industry funded clinical trial to a site performing the clinical trial)

     **New Subcontract**  
(Complete all information)

     **Amendment to existing Subcontract**  
(Complete boxes 1-3 & 15, and any other items that will change)

1. UCLA Purchase Requisition # \_\_\_\_\_ or Purchase Order # for an amendment \_\_\_\_\_
2. UCLA PI \_\_\_\_\_
3. UCLA Department \_\_\_\_\_
4. UCLA Account & Fund No \_\_\_\_\_
5. Name and address of person to who invoices should be sent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Subcontract Information

6. Subcontractor Name: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. Subcontractor administrative contact: \_\_\_\_\_
9. Subcontractor PI: \_\_\_\_\_ Subcontract Department: \_\_\_\_\_
10. Subcontract project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_
11. Funds obligated by this action: \_\_\_\_\_
12. Cumulative funding to date: (if applicable) \_\_\_\_\_

### Attach the following documents:

- Protocol
- Budget
- Payment schedule
- List of any required deliverables and/or reports (i.e. sample CRF)
- IRB approval (if human subjects will be used)

### Other:

13. If Subcontractor must provide cost sharing or matching funds, provide detail:  
\_\_\_\_\_

14. The subcontract will flow down any prime sponsor restrictions. If there are additional restrictions that should be included, please describe: \_\_\_\_\_  
\_\_\_\_\_

15. \*Reason for Amendment: (Please check all applicable boxes and provide explanation in comments)  
 No Cost Time Extension       Protocol Amendment       Adding funding       Decreasing funding  
 Other - \_\_\_\_\_

### Comments:

\_\_\_\_\_  
**Signature of Principal Investigator or Authorized Representative**

\_\_\_\_\_  
**Date**