

# CLINICAL TRIALS – APPLICATION CHECKLIST

*Revised July 23, 2021*

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

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

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

Sponsor Types	Contract Offices – Clinical Trials	
Industry / For-Profit	<b>CTC&amp;SR</b> <a href="mailto:ClinicalTrials@mednet.ucla.edu">ClinicalTrials@mednet.ucla.edu</a>	<b>TDG</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>
Federal / Non-Profit	<b>OCGA</b> <a href="#">ePASS</a> -Link for All Docs Upload	

Check	CTC&SR Items	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</a> Sponsor		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum</a> Sponsor		
<input type="checkbox"/>	<a href="#">Form 700-U</a> CRO (if applicable)		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum</a> CRO (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"/>	Sponsor Draft Contract (word Format) & Sponsor Draft Budget		

Check	TDG Items	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</a> or <a href="#">Form 740</a> Sponsor		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum</a> Sponsor		
<input type="checkbox"/>	<a href="#">Form 700-U</a> or <a href="#">Form 740</a> CRO (if applicable)		

<input type="checkbox"/>	<a href="#">Form 700-U Addendum CRO</a> (if applicable)		
<input type="checkbox"/>	<a href="#">Form 700U Disclosure Supplement</a> or <a href="#">Form 740 Disclosure Supplement</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"/>	Sponsor Draft Contract (word Format) & Sponsor Draft Budget		

**Check**      **OCGA Items**      **Date Received**      **Date Sent**

<input type="checkbox"/>	<b>ePASS</b> <i>Remarks:</i> <b>New</b> – include NCT# <b>Amendment</b> – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 740 Sponsor</a>		
<input type="checkbox"/>	<a href="#">Form 740 Disclosure Supplement</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 Draft/Justification</b>		
<input type="checkbox"/>	<b>Final Proposal</b> (science, agency required signatures, biosketches, etc.)		
<input type="checkbox"/>	<b>Brief description of proposal aims/ proposal abstract</b>		
<input type="checkbox"/>	Subaward <a href="#">Required Forms</a> & <a href="#">Checklist</a> (if applicable)		

**Check**      **Items 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- <i>valid for 1 year</i> )		<b>Date on File</b>
<input type="checkbox"/>	IRB Approval #: _____ (Available from Study Team)		
<input type="checkbox"/>	NCT #: _____ (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: \_\_\_\_\_