UCLA Health | David Geffen School of Medicine

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: ☐ PI-Initiated ☐ Sponsor-Initiated	
Funding Type: ☐ For-Profit ☐ Non-Profit (due date/deadline, if applicable:_____)	
Protocol Number:	**IND Number:** (for regulatory use)
Protocol Title:	

Attachments:

1. **Protocol**	☐ Final Version	☐ Draft (PI initiated ONLY)
2. **ICF**	☐ Draft	☐ Pending
3. **Contract**	☐ Draft	☐ Pending
4. **Budget**	☐ Draft	☐ Pending

Anticipated # of Patients at UCLA site:	
Study Duration (# of years):	
IRB Number:	or ☐ Pending
NCT Number:	or ☐ 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