

CLINICAL TRIALS – APPLICATION CHECKLIST

Revised March 26, 2024

PI: _____ Division: _____ PATS#: _____

Sponsor: _____ CRO: _____ Protocol#: _____

New Amendment#: _____ Date: _____

Sponsor Type		Contract Offices – Clinical Trials	
For-Profit (Industry)	CTC&SR ClinicalTrials@mednet.ucla.edu	TDG (Dept Assignments) Non-HemOnc: Tara Davidoff at Tara.Davidoff@tdg.ucla.edu HemOnc: Karla Zepeda at KZepeda@tdg.ucla.edu	
Non-Profit (Federal/State)	OCGA Submit docs via EPASS		

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

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

<input type="checkbox"/>	PI Exception Form (if applicable)		
<input type="checkbox"/>	ISR Proposal Checklist		
<input type="checkbox"/>	Proposal Budget		
<input type="checkbox"/>	Sponsor Draft Contract (Word doc) & Sponsor Draft Budget		
<input type="checkbox"/>	HDOC (Completed by PI, if applicable)		

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

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

Notes: Sponsor Name: _____ Contact Name: _____
 Contact Email: _____ Contact Phone: _____