

# CLINICAL TRIALS – APPLICATION CHECKLIST

Revised July 3, 2024

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

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

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

Sponsor Type	Contract Offices – Clinical Trials	
<b>For-Profit</b> (Industry)	<b>CTC&amp;SR</b> <a href="mailto:ClinicalTrials@mednet.ucla.edu">ClinicalTrials@mednet.ucla.edu</a>	<b>TDG</b> ( <a href="#">Dept Assignments</a> )
<b>Non-Profit</b> (Federal/State)	<b>OCGA</b> Submit docs via <a href="#">EPASS</a> system	

Check	CTC&SR Items (submit to <a href="mailto:ClinicalTrials@mednet.ucla.edu">ClinicalTrials@mednet.ucla.edu</a> )	Date Received	Date Sent
<input type="checkbox"/>	<b>Confidential Disclosure Agreement:</b> (PI/Study Team to submit sponsor CDA draft via email to <a href="#">CDA unit</a> , copying Fund Mgr) <b>After CDA is executed then route the rest of the docs.</b>		
<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> <b>New</b> – include NCT# <b>Amendment</b> – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 700-U</a> Sponsor Docu-Sign		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum</a> Sponsor Docu-Sign		
<input type="checkbox"/>	<a href="#">Form 700-U</a> CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum</a> CRO (if applicable) Docu-Sign		
<input type="checkbox"/>	<a href="#">Form 700-U Disclosure Supplement</a> (if applicable) Docu-Sign		
<input type="checkbox"/>	Sponsor Draft Contract (Word doc) & Sponsor Draft Budget in OnCore		

Check	TDG Items (submit to <a href="#">TDG Contract Officer</a> )	Date Received	Date Sent
<input type="checkbox"/>	<b>Confidential Disclosure Agreement:</b> (PI/Study Team to submit <a href="#">form</a> and sponsor CDA draft via email to <a href="#">TDG contact</a> , copying Fund Mgr) <b>After CDA is executed then route the rest of the docs.</b>		
<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> <b>New</b> – include NCT# <b>Amendment</b> – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 740 (Federal)</a> or <a href="#">Form 700-U (State)</a> Sponsor Docu-Sign		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State)</a> Sponsor (if applicable) Docu-Sign		

<input type="checkbox"/>	<a href="#">Form 740 (Federal)</a> or <a href="#">Form 700-U (State)</a> CRO (if applicable) <b>Docu-Sign</b>		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State)</a> CRO (if applicable) <b>Docu-Sign</b>		
<input type="checkbox"/>	<a href="#">Form 740 Disclosure Supplement (Federal)</a> or <a href="#">Form 700-U Disclosure Supplement (State)</a> (if applicable) <b>Docu-Sign</b>		
<input type="checkbox"/>	<a href="#">ISR Proposal Checklist</a>		
<input type="checkbox"/>	<a href="#">Proposal Budget</a>		
<input type="checkbox"/>	<a href="#">Health Data Oversight Committee (HDOC)</a> (Completed by PI, when applicable)		
<input type="checkbox"/>	<b>Sponsor Draft Contract (Word doc) &amp; Sponsor Draft Budget</b>		

**Check**      **OCGA Items** (submit via [EPASS](#))      **Date Received**      **Date Sent**

<input type="checkbox"/>	<a href="#">EPASS</a> <b>Remarks:</b> <b>New</b> – include NCT# <b>Amendment</b> – include brief summary of amended changes		
<input type="checkbox"/>	<a href="#">Form 740 (Federal)</a> or <a href="#">Form 700-U (State)</a> <b>Docu-Sign</b>		
<input type="checkbox"/>	<a href="#">Form 700-U Addendum (State)</a> (if applicable) <b>Docu-Sign</b>		
<input type="checkbox"/>	<a href="#">Form 740 Disclosure Supplement (Federal)</a> or <a href="#">Form 700-U Disclosure Supplement (State)</a> (if applicable) <b>Docu-Sign</b>		
<input type="checkbox"/>	<b>Sponsor Guidelines</b>		
<input type="checkbox"/>	<b>Budget Draft</b> <a href="#">Simple/</a> <a href="#">PHS398/</a> <a href="#">Center Grant</a> and <a href="#">Justification</a>		
<input type="checkbox"/>	<b>Final Proposal</b> (science, agency required signatures, biosketches, etc.)		
<input type="checkbox"/>	<b>Brief Description of Proposal Aims &amp; Abstract</b>		
<input type="checkbox"/>	<b>Subaward</b> <a href="#">Required Forms</a> & <a href="#">Checklist</a> (if applicable)		

**Check**      **Additional Required Documents for all Clinical Trials**

<input type="checkbox"/>	<b>Budget Final</b> (available in OnCore)	<b>Date Certified (if applicable)</b>	<b>Date Sent to OCGA</b>
<input type="checkbox"/>	<b>IRB Approval #:</b> _____ (available from Study Team)		
<input type="checkbox"/>	<b>NCT #:</b> _____ (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: \_\_\_\_\_