

### Clinical Trial Transmittal Form

I. Investigator Information	
Principal Investigator	
PI Email	
PI's Dept./Div.	
Co-Investigators	
II. Proposal and Agency Information	
Protocol Title	
Agency Protocol Number	
Clinical Trial is:	<input type="checkbox"/> Company Funded
	<input type="checkbox"/> Government Funded
	<input type="checkbox"/> Other
Is this an Investigator Initiated Trial?	<input type="checkbox"/> Yes      IND / IDE Number: <input type="checkbox"/> No
Involved with UC Tech (Invention/Discovery?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name	
Agency Delivery Address	
Agency Contact Info	
	Name
	Phone
	Fax
	Email
Clinical Research Organization (if applicable)	
Clinical Research Organization (CRO) Delivery Address	
CRO Contact Info	
	Name
	Fax
	Phone
	Email

III. Financial Information			
A. Budget Period Information (Always Complete).			
Contract Begin Dates			
Contract End Dates			
Direct Costs			
Indirect Costs			
Total Costs			
Start Up Fees (total)			
Per Patient Direct Costs			
Per Patient Indirect Costs			
Total Dollar Amount, Per Patient			
Anticipated Number of Patients			
Anticipated Total Award			
If There are any Outgoing Subcontracts, Indicate the names below:			
Is this a Device Trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If A Device trial, Will Administar Billing Approval Need to be Obtained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Oversight Committee Information			
This project involves the following oversight committees review			
	IRB <input type="checkbox"/>	DNA/BIO <input type="checkbox"/>	BSD Safety <input type="checkbox"/>
		Rad Haz <input type="checkbox"/>	Rad/Bio <input type="checkbox"/>
Protocol Number			
Protocol Approval Date			
V. Responsible Administrative Department			
If your department has a formal unit or section, please identify.			
Administrator's Name / Phone			
Administrator's email address			
Administrative Unit			
Administrator's Signature / Date			

VI. Declarations (TO BE COMPLETED AND SIGNED BY P.I., PER SIGNATORY NOT ALLOWED.)	
(1) A current financial Conflict of Interest Assurance document [and Disclosure, if required] is on file with URA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the study discussed in this agreement related, or could it be perceived as related, to an outside financial interest of an investigator? [If yes, check 'a' or 'b' as appropriate.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) The outside financial interest is described in a Disclosure already on file.	<input type="checkbox"/> a
b) The outside financial interest is not included in the existing Disclosure and I understand an updated Disclosure is required.	<input type="checkbox"/> b
(3) I have informed all persons who meet the definition of "Investigator" (see Instructions or COI policy referenced) of the requirement to disclose outside financial conflicts of interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) I accept responsibility for financial oversight for this project (described in University Financial Policy "PI Responsibilities for Financial Oversight of Grants and Contracts") as well as compliance with relevant University and sponsor conditions of award.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Certifies that she/he is not debarred under subsections 306(a) or (b) of the Federal Food, Drug and Cosmetic Act and that she/he has not and will not use, in any capacity, the services of any person debarred under such law with respect to services performed under the clinical trial agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPAL INVESTIGATOR'S SIGNATURE/DATE:	

VII. Endorsements	
Department Chair (if applicable)/Date	Unit/Section Head (optional)/Date
OCR / Dean	Date