

## Clinical Trial Submission Checklist

(If not applicable, please indicate n/a)

- ☐ Business proposal form signed by the PI, Department Administrator (if applicable), and Division/Department Chair/Chief.
- ☐ Signed Lifespan Conflict of Interest form for ALL Investigators. If someone is listed as a Co-I or Investigator, a COI form must be submitted. They must also have completed and be up to date on the mandatory training.
- ☐ Coverage analysis signed by the PI - with necessary comments included, and the NCT and committee numbers listed. If an NCT number is not yet available, please indicate on the form. Please include comments to explain who is performing tasks, where labs are being processed, etc.
- ☐ All quotes for Lifespan services being utilized (examples: MRI, CT, labs, ECHOs, EKGs, imaging reads.)
- ☐ Letters of Cooperation from service providers who will be invoicing for their services, including a price quote (examples: dermatology or psychiatric exams, CRC services.)
- ☐ Internal budget, complete with all estimated costs that the Institution will incur in performance of the study.
- ☐ QCT form, signed.
- ☐ Clinical Trial Agreement (only if not previously sent to Gina)
- ☐ Pharmacy Worksheet if you are using the services of the Lifespan pharmacy.
- ☐ Protocol on IRBNet
- ☐ Draft Informed Consent on IRBNet