Form #2: Clinical Research Division Planning Form
Externally Sponsored/Multicenter Study

Please submit to Jennifer Victory, RN, CCRC
Clinical Research Nurse Supervisor
Jennifer.victory@bassett.org

☐ Title of Project: ____________________________

☐ Principal Investigator: ____________________________
  o Department: ____________________________
  o Best Contact Method/#: ____________________________

☐ Co/Subinvestigators: ____________________________

☐ Sponsor: ____________________________

☐ Sponsor Contact: ____________________________

☐ Brief Description of Study: ____________________________

☐ Approximate number of expected participants (if known): _________________

☐ Funding Source and amount

☐ If available please attach copy of sponsor protocol, contract/clinical trial agreement, sponsor informed consent template.

☐ Expected time frame for recruitment and study completion