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: _____
    - Department: _____
    - 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