



**Clinical Research Institute  
TTUHSC**

**Application to Participate in a Sponsored Research Project**

*This form must be completed and submitted to the CRI prior to any contract negotiations for Sponsored Trials*

*After completing this document, print it off, have it signed by your chair and submit it and copy of the study protocol to the CRI for review at [clinicalresearch@ttuhsc.edu](mailto:clinicalresearch@ttuhsc.edu). You will then be invited to a protocol feasibility meeting.*

<b>Name of Principal Investigator:</b>	
<b>Position:</b>	<b>Department:</b>
<b>Contact Phone:</b>	<b>E-mail:</b>
<b>Study Title:</b>	
<b>Study Sponsor:</b>	
<b>Briefly explain why this study is relevant and important for our patient population:</b>	
<b>Briefly explain why you think it is feasible to open this trial:</b>	
<b>Number of subjects sponsor expects to be enrolled at this site:</b>	
<b>How many subjects do you expect to enroll in a year?</b>	
<b>Summarize the protocol and what is expected of study participants:</b>	
<b>Realizing that successful consenting of patients that fit eligibility criteria for a clinical trial can be as low as 10-15%, <u>attach the IT report/Cancer Registry report that supports that you have the study population to ensure over-enrollment.</u> We expect this report to go back at least 6 months.</b>	

<p><b><u>INVESTIGATOR:</u></b> <i>By signing below, I certify that the information submitted within this form is true, complete and accurate to the best of my knowledge.</i></p> <p>_____ Date _____</p> <p><b>Principal Investigator</b></p>	<p><b><u>DEPARTMENT CHAIR:</u></b> <i>I have reviewed the protocol for this application and find it consistent with college, department and TTUHSC policies and objectives. The Investigator has the skills and the department has the available resources (space, equipment, personnel) to support this program.</i></p> <p>_____ Date _____</p> <p><b>Department Chair</b></p>
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