



Clinical Trial Checklist

This form should be included with all clinical trial agreement and amendment submissions that include a finalized sponsor budget

PI Name: _____ Department: _____

Sponsor: _____ Protocol Number: _____

New or Existing agreement? _____ If existing, index number: _____

Has a CDA been processed through WSU for this Study? Yes No

The following has been included with this submission (check all that apply):

Agreement

Amendment / Modification # _____

Affirmation Memo completed by the PI

Final sponsor budget

Protocol / Protocol amendment

Indirect Cost Recovery Distribution Form

Sponsor contact information and agreement processing instructions (either sent as an email to lianehowey@wayne.edu or uploaded as an attachment in Cayuse)

Only applicable for agreements:

The department has ensured that the budget adequately covers all costs associated with conducting a clinical trial: Agreed

The following fixed and upfront costs have been included in the final sponsor budget (check all that apply):

IRB Fees (initial, renewals and amendments, as applicable)

DMC Fees

OnCore/CRSC Fees

Indirect Cost Rate of 32%

If these fees have not been included in the final sponsor budget, please explain why:

IRB approval and the **final approved** Informed Consent Form(s), if applicable, will be provided to SPA as soon as they have been received. Please note: SPA is not responsible for delays in account establishment for failure to provide these forms in a timely manner.