## New Contract

### C O N T R A C T   A M E N D M E N T S

<table>
<thead>
<tr>
<th>Original Contract Formulation</th>
<th>Budget Increase to Per Patient Costs (impact all subjects on trial)</th>
<th>Budget Increase to INVOICEABLES (impact all subjects on trial)</th>
<th>Amendment to Change Sponsors</th>
<th>Contract Amendment That Does Not Impact the Budget in Any Way (e.g., Protocol Title is Updated)</th>
<th>Amendment to Change PI or SPONSOR</th>
<th>Amendment to Change CRO</th>
<th>NCTE Amendment (required if there is a fixed end date in the Agreement)</th>
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### Clinical Trial Contract - Submission Checklist for Contract Review

1. EPASS [Minimum Document: complete all relevant fields (excluding sponsor or CRO contact information, exceptions does not require Department Signature)]
   - click here for form
2. UCLA Form 700U for Sponsor(s) (should be given to Clinical Trial Contracts for any positive disclosure - complete industry CT specific supplement)
   - click here for form
3. UCLA Form 700U ADDENDUM for Sponsor(s) for any positive disclosure - complete industry CT specific supplement (see #2)
   - click here for form
4. If applicable - UCLA Form 700U for CRO that signs the CTA (should be given to Clinical Trial Contracts for any positive disclosure - complete industry CT specific supplement)
   - click here for form
5. If applicable - UCLA Form 700U ADDENDUM for CRO that signs the CTA.
   - click here for form
6. If applicable - industry CT specific supplement for positive financial disclosure
   - click here for form
7. IRB NUMBER - EMAIL NOTIFICATION - confirming IRB application & IRB #
8a) Draft Contract (word document)
   - click here for form
8b) Draft Contract Amendment (word document)
9) Budget - Upon Clinical Trial Contracts Request Study Team to provide when "limited oncology build" determined
10) IRB Approval Letter
11) Approved ICF (read applicable for Department of Medicine only)
12) Fully signed EPASS
13) Clinicaltrials.gov NCT# (enter in remarks section of EPASS or in your submission email when EPASS not required)
14) PI Exception Letter (if applicable, contact your department for letter)
15) Final Budget Signoff (PI, & as applicable CA, CRBP, CDM Office)
16) Conflict of Interest Review Committee Letter - if Form #5 required
17) DOM Other Support Form (Applicable for Department of Medicine only)
18) DOM PI Responsibility Form (applicable for only Department of Medicine)
19) PI Sign Agreement/Amendment

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EMAIL ALL DOCUMENTS TO: clinicaltrials@mednet.ucla.edu (unless otherwise instructed)