

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
CLINICAL/PHARMACEUTICAL AGREEMENT SUBMISSION FORM

Investigator: _____ Phone No: _____
Study Coordinator: _____ Phone No: _____

Study Title: _____

Study Sponsor: _____
Contact: _____ Phone No: _____
E-mail: _____ Fax No: _____

Study CRO: _____
Contact: _____ Phone No: _____
E-mail: _____ Fax No: _____

IND No: _____ (write N/A, if not applicable)
IDE No: _____ (write N/A, if not applicable)
FDA Categorization: _____ (required for all investigational device studies)
Biological: _____

Study Description (check all that apply):

1. _____ Study conducted solely at the Ambulatory Care Center/Ross Hall
Procedures/tests for purposes of research only (describe any and all that may apply)

2. _____ Study involves patients or procedures at the hospital (if any hospital services or patients are involved, respond to the following:)
Procedures/tests for purposes of research only (describe any and all that may apply)

3. _____ Hospital admission for purposes of research only

Brief Description of Risks: _____

- Check all that apply:
- _____ Medication wash out period
 - _____ Study drug compared to placebo
 - _____ Study drug added to standard therapy
 - _____ Study drug compared to standard therapy
 - _____ Medication available following study

Length of Patient Participation: _____