

PRIMARY INVESTIGATOR: _____

STUDY NAME:

Ethics Status: Not yet submitted Submitted not approved Approved

Ethics Board: CTO HiREB Other, specify:

Research Coordinator or Key Contact:

(This is the individual at NH who will receive and respond to any questions throughout the contract review process)

Contact Information:

Name:

Role:

Telephone:

Email:

Individual Responsible for Negotiations on Behalf of Sponsor or Collaborator:

Contact Information:

Name:

Role:

Telephone:

Email:

Type of Review Requested:

- Clinical Trial Agreement (CTA) Data Transfer Agreement (DTA)
- Research Study Agreement Data Sharing Agreement (DSA)
- Non-Disclosure Agreement/Confidentiality Agreement Material Transfer Agreement
- Amendment → _____ Number; briefly summarize reason for amendment:

Are there any specific concerns or questions you have about publication, intellectual property, liability or budget?

No Yes → specify:

Are there any specific timelines the contract reviewer needs to be aware of?

No Yes → specify:

Required Documents:

- Research Protocol Contract (or other document for review)