Hackensack Meridian *Health*

In order to ensure that the Clinical Research Department is able to review any new agreement request in a timely fashion, please provide all the documents and information listed below at the time of submission. This complete submission ensures that the Contracts Department has all the information needed at the time they begin their review to ensure no time lost in seeking additional information from the Study team or Sponsor during the negotiation process. If an item on the checklist does not apply for a particular Study, please insert "N/A" and provide rationale within the Notes section below the table. Please note it is the study team's responsibility to ensure that all documents are obtained.

| Item | Enter Information | Check if Submitted |
|---|---|---|
| **eResearch Pro #** | | |
| **Disease Group** | | |
| **Principal Investigator Name** | | |
| **Principal Investigator Employer** | | |
| **Study Site/ Locations** | | |
| **List Private Practice (if applicable)** | | |
| **Final Protocol** | | |
| **Study Type (Drug or Device)** *For device studies, please advise Procurement and please contact Chris Hannon, Manager Value Analysis Program Purchasing Department at chris.hannon@hmhn.org | | |
| **Drug/Device Supplier** | | |
| **Purchase of Drug or Device Required?** | | |
| **Agreement Type (CTA, Work Order, IIT, Subcontract, Implementing Letter, etc.)** | | |
| **CDI component/involvement** | | |
| **Budget/Financial Support** | | |
| **ICF (if applicable)** | | |
| **Sponsor/Industry Provider/CRO Contact** | | |
| **Study Team Contact** | | |

***Additional Notes:**