PROVIDENCE HEALTH CARE
Research Institute

SPONSOR INITIATED CLINICAL TRIAL INFORMATION FORM

1. Please submit this form to the Grants & Contracts Coordinator, Providence Health Care Research Institute c/o gsin@providencehealth.bc.ca.
2. For all other funding, please use UBC Research Project Information Form (RPIF).

Research Ethics Board (REB)# | Date Received:

A. Contact Information

Research Institute Principal Investigator	
Name:	Academic Rank
Telephone:	Faculty:
Email:	Department:
Address:	Division:

Study Coordinator/Nurse	
Name:	Email:
Telephone:	Facsimile:
Address:	

Sponsor/Legal Agreement Contact	
Company/ Organization	
Contact Name:	Email:
Telephone:	Facsimile:
Address:	

B. Project Details

Study Title:

Protocol/Study Nickname:

Type of Study: | Phase:

Does the Project involve:

Clinical Study Drug ☐ No ☐ Yes Certificate/Application #

Clinical Study Device ☐ No ☐ Yes Certificate/Application #

i) Funding Source/Sponsor:

ii) CRO (if applicable):

The account for this study will be held at (*please select one*):

☐ Providence Health Care Research Institute ☐ The University of British Columbia

Indicate Institution (UBC, RI or formally affiliated institution) where research activity for the project will be undertaken. Select all that apply:

☐ UBC Vancouver Campus ☐ UBC Okanagan Campus ☐ BC Cancer Agency

☐ BC Centre for Disease Control ☐ Providence Health Care Research Institute ☐ BC Mental Health & Addictions Research Institute

☐ Child & Family Research Institute ☐ Women's Health Research Institute ☐ Vancouver Coastal Health Research Institute

☐ Other:

C. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on this project?

☐ No - Please proceed to Section D.

☐ Yes - Please check applicable boxes below.

	Principal Investigator	Co-Investigator(s)	Student(s)
Seat on Board of Directors	☐	☐	☐
Seat on Scientific Advisory Board	☐	☐	☐
Any Role within the Company	☐	☐	☐
Shares in Sponsor Company	☐	☐	☐
License/Option Agreement	☐	☐	☐
Non-Disclosure Agreement	☐	☐	☐
Consulting Agreement	☐	☐	☐

Other Conflicts of Interest:

D. Additional Information

i) Will you be using any confidential materials or information in the project? ☐ No ☐ Yes - Please specify below

Source of Material

Nature of Material

ii) Are you conducting any research for another collaborator or sponsor that might overlap with this project? ☐ No ☐ Yes - Please describe below

iii) Will any employees of the collaborator or sponsor be participating in the project? ☐ No ☐ Yes

If YES, will they be participating on site at **PHC** or **UBC**? ☐ No ☐ Yes

iv) Will part of this study be subcontracted by **the Principal Investigator** to a third party external to the institution? (Eg., a non-institutional pharmacy or lab?). Do not include study functions subcontracted by the Sponsor (ie. central lab arranged by Sponsor that is to be used by all sites participating in the study). ☐ No ☐ Yes

If YES, please advise what part(s) of the study will be subcontracted and the name of the third party(ies):

v) Will any personnel not employed by the institution (UBC or PHC) be part of the research team? ☐ No ☐ Yes

If YES, who is the employer of these individuals?

If YES, how are the non-institutional personnel insured?

vi) Does any investigator plan to publish or present the results of this study? ☐ No ☐ Yes

vii) Has any investigator or other personnel involved in the study been debarred or investigated by the FDA or any other regulatory authority for debarment action? ☐ No ☐ Yes

viii) Is there any investigator involved in the study that does not have CMPA coverage? ☐ No ☐ Yes

If YES, please provide additional details:

ix) Is there any other information you wish to provide (eg., regarding timelines, study start up meetings, etc.)?

E. Signatures

In accordance with institutional policies, holders of research and trust accounts must be members of the permanent academic staff. Accounts may be opened for lecturers or research associates, if allowed by the sponsor, and at the specific request of the Dean.

Principal Investigator. I understand that Indirect Costs must be included in the budget as per UBC Policy #87.

Signature: Date:

Please submit this form, with a copy of the study protocol and draft agreement, electronically to:
Providence Health Care Research Institute c/o gsin@providencehealth.bc.ca