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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IPS PROTOCOL PLANNING WORKSHEET** | | | | | | | | | | | | | | | | | | |
| Sponsor: | |  | | | | Sponsor’s Protocol Number: | | | | | | | | | |  | | |
| Protocol Title: | |  | | | | | | | | | | | | | | | | |
| Investigator: | |  | | | | | | | Phone: | | |  | | | | | Pager: |  |
| Department: | |  | | | | | | | Fund Management (BU or BMC) | | | | | | | | |  |
| Study Coordinator: | |  | | | | | | | Phone: | | |  | | | | | Pager: |  |
| *Items you’re submitting:* | | | | | | | | | | | | | | | | | | |
| □ Protocol | □ Summary | | | □ Other: | | |  | | | | | | | | | | | |
| *Information you need from IPS:* | | | | | | | | | | | | | | | | | | |
| □ Cost Estimate - Timeline: □ ASAP □ within 2 weeks | | | | | | | | | | | | | | | | | | |
| □ Schedule a pre-study visit or planning meeting (Explain): | | | | | | | | | | |  | | | | | | | |
| □ Other: |  | | | | | | | | | | | | | | | | | |
| *Tell us about the study:* | | | | | | | | | | | | | | | | | | |
| How many subjects are you planning to enroll? | | | | | | | |  | | | | | |  | | | | |
| Anticipated start date: | | |  | | | | | Treatment duration: | | | | |  | | | | | |
| Overall study duration: | | |  | | | | |  | | | | |  | | | | | |
| Where will subjects be seen or dosed? | | | | |  | | | | | | | | | | | | | |
| Has the study been submitted to IRB? | | | | |  | | | | | If so, provide #: | | | | |  | | | |
| IF KNOWN, does the sponsor require any specialized training sessions, webinars, etc? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Do any medications or supplies need to be purchased? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| What medications/supplies will be provided free through sponsor? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Any special manufacturing/compounding/formulation needed? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Any special packaging requested? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Will IPS be involved with other sites (distribution, coordination, etc)? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Any other important information? | | | | | | | | | | | | | | | | | | |
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