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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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