

**CLINICAL TRIALS DATA SHEET
VAMC RESEARCH SERVICE**

Project Title: _____

Principal Investigator: _____ **Phone:** _____

Co-Investigator: 1. _____ **Phone:** _____

2. _____ **Phone:** _____

Study Coordinator: _____ **Phone:** _____

Sponsor: _____

Will you use VA space or resources? Explain _____

List tests (e.g., laboratory, radiological, etc.) used in this protocol that will be:

Standard of Care _____

For research purposes only _____

If testing is for research purposes only, where will the testing be done?

- UMMS
- VA
- Outside laboratory

If testing is for research purposes only and performed at the VA, what arrangements have been made to reimburse laboratory, radiology, etc.? _____

What is Research Clinic will be used for this protocol? (See list) _____

LETTER OF AGREEMENT

I have to the best of my ability listed all procedures that are deemed research-related only. I understand I am responsible for the cost incurred for those procedures during the study period and agree to pay those costs to the appropriate VA Clinical Center/Service, if applicable.

Investigator's Signature

Date