

Department of Neurology Research Proposal

I. ADMINISTRATIVE:

Title: _____

Study Principal Investigator: _____

Room: _____

Study PI Phone #: _____

Study PI Fax: _____

Study PI e-mail address: _____

Name(s) of collaborating PIs _____

Collaborating PIs Departments: _____

Additional Contact: _____

Target of Future Sponsorship/Funding

Commercially-sponsored study (i.e. pharmaceutical, industry)

Cooperative Group study (other than, NIH, VA, NCI, NSF)

CCTS Pilot

Governmental investigator initiated clinical trial (i.e. NIH, VA, NCI, NSF, etc.)

Investigational drug/device involved

Is an investigational drug or device, or a therapeutic approach involved that is not FDA approved? Yes No

If yes, provide IND/IDE number and sponsor; or documentation of FDA exemption from requirement to file IND **UK IRB determines whether exemption applicable.**

IND/IDE#: _____

Sponsor Name: _____

Location

Laboratory, Building/Room: _____.

KNI Clinic

CCTS

Other: _____.

Committee Approvals

	N/A	Pending	Approved	Date (mm/dd/yyyy)
IRB				_____.
IACUC				_____.
Indemnification				_____.

II. SCIENCE

- I. **Study Background: (Include rationale, hypotheses aims, and why the study is critical to support an application for extramural funding (No longer than 1-page))**

II. Study design: (No longer than 1-page):

iii. Budget Justification:

Attach budget worksheet