Investigational Drug Service

University of Pennsylvania – Perelman School of Medicine

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**PROTOCOL COVER SHEET**

Please attach to protocol when you drop off or send (email or mail); do not fax unless under 10 pages!

Protocol (short title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator & Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Items you’re submitting:***

[ ] Protocol [ ] Summary [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information you need from IDS:***

[ ] 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 for? \_\_\_\_\_\_\_\_\_
* Where will subjects be seen or dosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has the study been submitted to IRB or IACUC yet? 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 IDS be involved with other sites (distribution, coordination, etc)?
* Any other important information?

Thank you!