

# Administrative Information Form

1. Protocol Title: \_\_\_\_\_

2. Primary Investigator: \_\_\_\_\_

3. Study Coordinator: \_\_\_\_\_

4. Select which IRB approved your study:

BRANY    Moses    Einstein    Other (Central): \_\_\_\_\_

5. Please attach IRB approval letter

Please write in your  
IRB#: \_\_\_\_\_

6. Is this study associated with the Office of Clinical Trials?

Yes    No

7. List the department the study is primarily associated with: \_\_\_\_\_

8. List your department's financial administrator: \_\_\_\_\_

9. Select the type of funding:

Investigator-initiated (departmental)    Industry-sponsored

Foundation-based Grant    NIH – Grant

Please write in your  
Fund #: \_\_\_\_\_

Please print the name of the Grant: \_\_\_\_\_

Other: \_\_\_\_\_

10. Have you received, agreed to, and signed a completed pharmacy budget?

Yes    No

11. Please attach a copy of the following:

Protocol    Budget    Pharmacy Manual    Investigator Brochure    Accountability Form

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