Office of Clinical Trials

Greenphire Application

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| Principal Investigator: | | | | | |
| **Name:** | | | | | |
| **Department: Click and select one** | | | | | |
| **Site Street Address:** | | | | **Phone:** | |
| **City:** | | **State:** | | **ZIP Code:** | |
| **Email address:** | | | | | |
| **Study Coordinator:** | | | | | |
| **Name:** | | | | | |
| **Phone:** | | **Email:** | | | |
| **Study Specific information: \* Please provide a copy of the following when submitting your application: IRB Approved ICF, Budget/CTA & Protocol** | | | | | |
| **Contract/budget managed by (check one):**  **OCT**   **BRANY**  **N/A\*(**provide explanation below) | | | | | |
| **\*Explanation:** | | | | | |
| **OCT Number (if applicable):** | | | **Protocol Number:** | | |
| **Fund Number:** | **IRB:**  **Einstein or**  **BRANY** | | | | **IRB Number:** |
| **Number of Subjects:** | **Sponsor Name:** | | | | |
| **Federally Funded (full or partial):  Yes or  No** | **Enrollment Period (start/end dates):       -** | | | | |

Email completed form and relevant documents to Carmen Rodriguez: [carmrod@montefiore.org](file:///C:\Users\edibrown\Documents\Greenphire\carmrod@montefiore.org)

**Study team is responsible for notifying OCT of any budgetary amendments affecting subject reimbursement\*\***

**Official use only\*\*\***

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| ICF/CTA comparison | SSN required: Yes  No |
| Concerns: | Visits: |