



SPONSORED PROGRAM ADMINISTRATION

**Clinical Trial Checklist
For Proposals**

Date: _____

PI: _____

Sponsor: _____ Protocol Number: _____

New or Existing contract? If existing, index number: _____

Has a CDA been processed through WSU for this Study? Yes No

Attached please find:

FES +

Budget +

Protocol +

2 Hard copies of Agreements or Agreement has been sent via email (preferred)

Hard copy of Affirmation Memo* or Affirmation Memo* has been sent via email (preferred)

Sponsor Contact Information (or cover letter)*:

Other (Please Describe):

+ Required to be accepted by SPA

* Required if contract is included to be accepted by SPA