**RTI Regulatory Services Request Form**

**Submit form to the Clinical Research Compliance Office (CRCO)** [**ClinResComp@unc.edu**](mailto:ClinResComp@unc.edu) **with cc to Diana Severynse-Stevens at RTI,** [**dianastevens@rti.org**](mailto:dianastevens@rti.org)

**To be completed by Study PI or Team**

**Department Information**

|  |  |
| --- | --- |
| **Protocol Title**: | |
| **Principal Investigator**: | **Key Co-investigator:** |
| **PI** **Email:** | **Co-I Email:** |
| **PI Office Address:** | **Key Co-investigator:** |
| **Project or IRB Number (if applicable):** | **Co-I Email:** |

**Summary or Abstract of Project (1 – 2 paragraphs)**

**Project Request Information (to be completed by PI or study team)**

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| **Description of RTI services being requested (e.g., preclinical consultation, preclinical study support, guidance for CMC activities, regulatory writing and consulting, eCTD submission):** |
| **Is there funding associated with project (NIH, SBIR, Pharma, other)? Y/N**  **If Yes, list type of funding and extent of budget available to cover RTI Regulatory services costs:** |
| **Are any other PI funds available to support the cost of the RTI Regulatory services?** |
| **Is there a company(ies) associated with this project? Yes/No**  **If yes, name of any company(ies) associated with project:** |
| **Other helpful information:** |
| **To be completed by RTI Personnel**   |  | | --- | | **Detailed description of RTI services being requested:** | | **Estimation of duration of RTI support (hours / months / years):** | | **Anticipated cost of RTI support services:** | | **Other helpful information:** | |