**RTI Regulatory Services Request Form**

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

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

**Department Information**

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| **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**

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| **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:**  |

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