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%3A%5CUsers%5Cedibrown%5CDocuments%5CGreenphire%5Ccarmrod%40montefiore.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: |