CDI- AGREEMENTS
LEGAL REVIEW REQUEST FORM

PI/Business administrator or lab administrator contact information	
Collaborating Entity Partner	
Contact information for negotiation	
Type of document needed	
Brief description of research (Protocol)	
***Human Subject Research study conducted at CDI (Y/N)**	
IRB approval (Y/N/pending)	
IRB Protocol number	
***Human Subject Research conducted by your collaborator(s) (Y/N)**	
IRB approval available (Y/N/pending)	
Specific publication or IP needs	
Any specific time constraints	
Any Clinical Components involved?	
Any International Partner if so which country(ies)?	
Is there Funding? If so, amounts and proposed payment schedule	

***Human Subject Research definition:** Research involving existing data, documents, records, pathological specimens, diagnostic specimens, or tissues that are individually identifiable.