

Joint Clinical Trials Office (JCTO)  
**CLINICAL TRIALS SYNOPSIS FORM**

Date

NOTE: THE SYNOPSIS FORM DOES NOT REPLACE THE ELECTRONIC ROUTING FORM.  
 Please complete and e-mail this form with the following documents to [JCTOcontracts@med.cornell.edu](mailto:JCTOcontracts@med.cornell.edu)  
 1) Sponsor protocol; 2) Draft ICF; 3) Draft CTA (editable version, no PDFs)

<b>Protocol Title:</b> <input style="width:90%;" type="text"/>	<b>Protocol#:</b> <input style="width:90%;" type="text"/>
	<b>IRB Protocol# (if known):</b> <input style="width:90%;" type="text"/>
	<b>Date Submitted to IRB:</b> <input style="width:90%;" type="text"/>

**Start Date:**  **End Date:**  **Est. Direct Cost:**  **Est. IDC:**

**Who authored/initiated the protocol?**  **SPONSOR**  **WCMC INVESTIGATOR**  **OTHER**

**Type of Clinical Trial:**  
 (Check all that apply)

**DRUG TRIAL**  
 **DEVICE TRIAL**  
 **FUNDING ONLY**  
 **NO FUNDING**  
 **OTHER TRIAL TYPE** (please explain)

If "other" selected, please explain:

PRINCIPAL INVESTIGATOR CONTACT INFO:	
Name:	<input style="width:98%;" type="text"/>
Department:	<input style="width:98%;" type="text"/>
Division:	<input style="width:98%;" type="text"/>
Campus Address (WCMC Box #):	<input style="width:98%;" type="text"/>
Phone #:	<input style="width:98%;" type="text"/>
Fax #:	<input style="width:98%;" type="text"/>
E-mail:	<input style="width:98%;" type="text"/>

DEPARTMENT CONTACT INFO:	
Name:	<input style="width:98%;" type="text"/>
Campus Address (WCMC Box #)	<input style="width:98%;" type="text"/>
Phone #:	<input style="width:98%;" type="text"/>
Fax #:	<input style="width:98%;" type="text"/>
E-mail:	<input style="width:98%;" type="text"/>

SPONSOR or CRO CONTRACT NEGOTIATOR CONTACT:	
Sponsor Name:	<input style="width:98%;" type="text"/>
Contact Name:	<input style="width:98%;" type="text"/>
Phone:	<input style="width:98%;" type="text"/>
Fax #:	<input style="width:98%;" type="text"/>
E-mail:	<input style="width:98%;" type="text"/>
Address:	<input style="width:98%;" type="text"/>

**NYPH Resources/Facilities Usage**  
 Will this study utilize (check all that apply)?  **NO NYPH USE FOR RESEARCH STUDY**

NYPH Inpatient services?  NYPH Outpatient services?  
 Both Inpatient and Outpatient services?  
 NYPH Pharmacy?  
 NYPH will purchase study drug/device directly from Sponsor?  
 Will any NYPH employee conduct or administer any portion of this study?

**Please describe the inpatient / outpatient / pharmacy services the research study will utilize at NYPH (please attach additional sheets if necessary). Information provided MUST corroborate with HRBAF/TPAG entries.**

SPONSOR or CRO CONTRACT NEGOTIATOR CONTACT:	
Sponsor Name:	<input style="width:98%;" type="text"/>
Contact Name:	<input style="width:98%;" type="text"/>
Phone #:	<input style="width:98%;" type="text"/>
Fax #:	<input style="width:98%;" type="text"/>
E-mail:	<input style="width:98%;" type="text"/>
Address:	<input style="width:98%;" type="text"/>