



UNIVERSITY CLINICAL AFFAIRS

# OFFICE OF CLINICAL RESEARCH

## Subcontract Request Form

**Requested by:**

Email:

Phone:

Department:

**PI on Prime Agreement:**

Email:

Phone:

**Subcontractor Information:**

1. Subcontractor Entity Name:
  - a. Address:
2. Subcontractor PI Name:
  - a. Address:
  - b. Phone:
3. Contract negotiator:
  - a. Email:
  - b. Phone:

*Please provide the following documents:*

- a. Copy of Prime Agreement
- b. Statement of Work or Protocol
- c. Draft Budget

Please email request form to [OCR@iu.edu](mailto:OCR@iu.edu). Thank you