

Subcontract Request Form

**Requested by:**

Email:

Phone:

Department:

**PI on Prime Agreement:**

Email:

Phone:

**Subcontractor Information:**

1. Subcontractor Entity Name:
   1. Address:
2. Subcontractor PI Name:
   1. Address:
   2. Phone:
3. Contract negotiator:
   1. Email:
   2. 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. Thank you

University Clinical Affairs

Office of Clinical Research 410 W. 10th Street, Suite 1000

Indianapolis, IN 46202

(317) 278-2546