



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. Thank you