**Mandatory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Roles & Responsibilities of Chief Investigator:** | |  | |
| Name of Chief Investigator: |  | | |
| Name of Sponsor: | University Hospitals of Leicester | | |
| Two Fully Signed & Executed Originals received. (One sent to CI. One kept in Sponsor File) | | | ☐ |

**Required**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Vendor: |  | | |
| Contact Name: |  | | |
| Address: |  | | |
|  | | |
| Contact No: |  | | |
| Email: |  | | |
|  | | **Yes** | **Date** |
| Negotiation Started | | ☐ |  |
| Negotiation Complete | | ☐ |  |
| Fully Executed Contract Received | | ☐ |  |

(Duplicate table as required for each Vendor / Site)

