**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)

