## VA’s Partnered Research Program

## Request for Collaboration by External Organization

The request will be reviewed within 5 business days of receipt at which time a staff member will contact you to discuss the information provided, explain next steps, answer questions, etc. Completed form and questions should be directed to PartneredResearch@va.gov.

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| Section 1: External Organization Information |
| Organization Name:  |       |
| External Organization Type: | [ ]  Sponsor[ ]  Contract Research Organization (CRO). Has the contract been awarded to your company [ ]  YES [ ]  NO [ ]  Other (Please describe)       |
| Primary External Organization Contact Name: (First and Last): |       |
| Primary External Organization Contact Title/Role: |       |
| Primary External Organization Contact Email:  |       |
| Primary External Organization Contact Phone:   |       |
| Section 2: Collaboration Information  |
| Please check the box which best indicates your interest in working with VA. If you have multiple interests or multiple trials, please complete one request for each | [ ]  Would like to discuss VA site participation in an upcoming clinical trial (i.e., study has not yet begun enrolling at any locations) sponsored by/coordinated by my organization. Complete Section 3 and submit. [ ]  Would like to discuss VA site participation in an ongoing clinical trial (i.e., one or more study sites is open to enrollment) sponsored by/coordinated by my organization. Complete Section 3 and submit. [ ]  Would like to discuss opportunities to foster collaboration/partnership between my organization and VA research. Examples may include: Portfolio discussion, VA contribution to trial development/design, etc. Skip Section3. Complete Section 4 and submit. |
| Section 3: Trial Information *Please note: We understand that some companies do not wish to complete all sections without an executed CDA. However, in order to process your request, we will at a minimum need the information notated with asterisks.*  |
| Trial Name/Number\*: |       |
| Phase of Trial\*: |  [ ]  I   [ ]  II   [ ]  III [ ]  IV   [ ] OtherIf other, comment:       |
| Disease or Indication of Study\*: |       |
| Trial Sponsor\*:  |       |
| Desired Principal Investigator Specialty(ies) (e.g., Med Onc, Psychiatry, Internal Med, etc.)\*:  |       |
| Synopsis of Trial: Please provide a brief synopsis of the trial. If a PDF version of the synopsis is available, or there are additional materials you wish to share, please submit this form and email those documents directly to PartneredResearch@va.gov |       |
| Are there any specific site level or investigator capabilities required to participate (i.e., on site PET scan, PK sample drawing)? |       |
| Total Number of Participants to be Enrolled  |       |
| Total Number of Sites Expected:  |       |
| Approximately how many of these sites could be allocated to VA? \* |       |
| Have you begun working with any VA sites on this study to date?\* | [ ]  NO[ ]  YES If yes, please list sites:       |
| Is Enrollment Competitive?   | [ ]  NO[ ]  YES  |
| Has Enrollment Already Begun?\* | [ ]  NO[ ]  YES If yes, How many participants are yet to be enrolled?      How many months of enrollment remain?       |
| What Is the Estimated Final Protocol Date |       |
| When is First Participant Anticipated ?\* |       |
| What is the Total Enrollment Period for the Study? \* |       |
| Clinical Trials Identifier (NCT Number)  |       [ ]  Check here if number is not yet available |
| Section 4: Executive Summary  |
| Provide a description of your organization and your role within the organization itself. |       |
| Provide a description of the proposed research collaboration(s) that you are seeking: |       |
| Describe the specific aim(s) of any collaboration: |       |
| Provide information regarding the timeline(s) for the proposed collaboration(s) to begin. |       |
| Please describe the funding source(s) available to support the collaboration. Specifically does your organization have funding to support these collaborative activities or are you seeking a collaborator (aka VA investigator) who can separately work to obtain funding in support of the activity? Please note: VA is an intramural funding agency and therefore does not provide funding to those outside of VA). |       |
| Why is your organization specifically interested in working with VA research? |       |
| Has your organization previously worked with VA? If yes, in what capacity? |       |