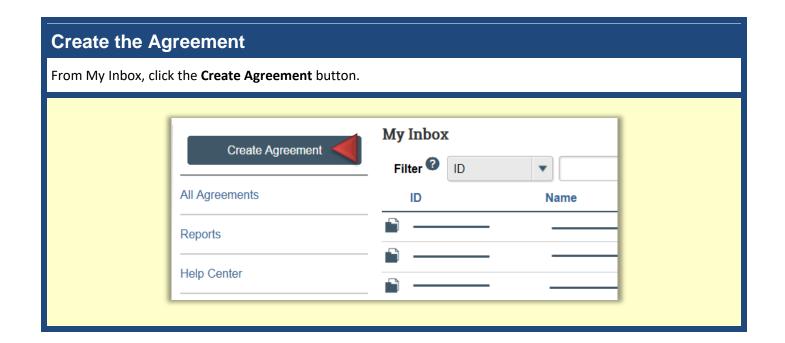


eAgreements Clinical Trial Master Agreement Submission Guide



Agreement Upload

Complete the Agreement Upload page and click Continue.

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Agreement Upload * 1.0 Principal Investigator:	1.0 Type or select the Principal Investigator name.
* 2.0 Entered by (Department Contact, Department Administrator, Study Coordinator, etc.): * 3.0 If you have an agreement draft, upload it here. Otherwise, check the "UT Southwestern to	2.0 Automatically populates with the logged on user. This user can submit the agreement on behalf of the PI.
generate first draft" box:	3.0 If the sponsor provided a drafagreement, upload it here. Otherwise, select the checkbox. Select the question mark icon for specific help text.
* 5.0 Agreement type: * 5.0 Agreement type: * 6.0 Supporting documents: + Add Name	4.0 Provide a name for the agreement. Select the question mark icon for specific help text.
There are no items to display 7.0 Description:	5.0 Select the Clinical Trial Maste Agreement option. Select the question mark icon for specific help text.
	6.0 (Optional) Attach any supporting documents.
	7.0 (Optional) Add descriptive information, as needed.

General Information Complete the General Information page and click Continue. **1.0** Type or select the name of the **General Information** contracting party. Select "Other" if * 1.0 Select an organization: the organization is not listed and NOTE - If you cannot find the organization in the list, select "Other." type its name. The wildcard symbol (%) can be used when typing the Other ••• 8 name or searching the list. * If you cannot find the organization in the list above, enter its information here: Contracting Party Name: 1.1 – 1.3 Provide the contracting party's contact name, email, and * 1.1 Contracting party contact name: ? phone number. 2.0 Add any additional contracting * 1.2 Contracting party contact e-mail: parties. * 1.3 Contracting party contact phone: 3.0 (Optional) Select any related agreements that are in the system. 2.0 Add additional Contracting Parties: 4.0 Add individuals at UT Southwestern who require access to Contact Phone Organization Contracting Party Name Contact Name Contact Email the agreement. The logged on user There are no items to display 3.0 Select any related projects: will automatically be added to this list. Project State Select the guestion mark icon for There are no items to display specific help text. 4.0 Agreement team members: ? ... Name E-mail Phone There are no items to display

CTMA Agreement Information

Complete the CTMA Agreement Information page and click Continue. Note that all questions are optional.

CTMA Agreement Information 1.0 Velos ID (e.g. 12345): NOTE - If you cannot find the protocol in the list, select *TBD." 2.0 Type of Trial: 3.0 Will you be using an investigational product? > Yes O'Ne State 4.0 IRB Protocol Number (e.g. STU 201612-001): NOTE - If you cannot find the protocol in the list, select *TBD." 5.0 Does the study involve any of the following - 1. Cancer patients or their caregivers or relatives 2. Cancer prevention 3. Assessing cancer epidemiologic, imaging or biological markers for early detection or risk stratification • Yes O'Ne State 6.0 Sponsor Protocol Number: 7.0 Protocol Title: 8.0 Study Type: • Arcitary/Correlative • Infarrentical • Observational • Registries/Repository • Refrospective Records Review • Expanded Access (Compassionate Use) • Emergency Use State 9.0 Will this study use a Contract Research Organization (CRO)? • Yes O No State	1.0 Select the Velos ID for the clinical trial.
	2.0 Select the type of trial. For trial types other than "Device," study phase is required.
	3.0 Indicate whether an investigational product will be used If "Yes," an additional question will appear.
	4.0 The IRB Protocol Number automatically populates upon selection of the Velos ID.
	5.0 Indicate whether the study is cancer-related.Select the question mark icon for specific help text.
	6.0 The Sponsor Protocol Number automatically populates upon selection of the Velos ID.
	7.0 The Protocol Title automaticall populates upon selection of the Velos ID.
	8.0 The Study Type automatically populates upon selection of the Velos ID.
	9.0 Indicate whether a contract research organization will be utilized.

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appear.

CTMA Additional Information

Complete the CTMA Additional Information page and click Finish. Note that all questions are optional.		
CTMA Additional Information 1.0 Who developed the protocol? 2.0 Do you expect to make a discovery or invention related to this study? Clear 3.0 Do you expect to make a change to the sponsor's drug or product? Likely Possibly Unlikely Not Applicable Clear 4.0 Indicate the maximum time you will allow the sponsor to review your publication: 30 days 45 days 60 days No preference Clear	 1.0 Indicate who developed the protocol, the investigator or sponsor. Select the question mark icon for specific help text. 2.0 Indicate whether a discovery or invention is likely. Select the question mark icon for specific help text. 3.0 Indicate whether a change such as drug reformulation will be made to the product. Select the question mark icon for specific help text. 4.0 Indicate the maximum time that the sponsor should have to review the publication. Select the question mark icon for specific help text. After clicking Finish, the Agreement Workspace will appear. 	

