



THE DEANE F. JOHNSON CENTER FOR NEUROTHERAPEUTICS

JCNT APPLICATION

INSTRUCTIONS: Please complete form, attach the budget, approved IRB protocol and consents, and turn in to your fund manager. Thank you.

PRINCIPAL INVESTIGATOR: Address Phone	
STUDY COORDINATOR/CONTACT PERSON: Address Phone	
SPONSOR: Address Phone	
STUDY NAME/IRB NUMBER/APPROVAL DATE:	
IS THIS AN INVESTIGATOR OR SPONSOR INITIATED STUDY?	
FUND MANAGER: Address Phone	
RECHARGE NUMBER	
ROOMS REQUESTED: <i>Please specify types of rooms needed (e.g. exam rooms, conference rooms, consultation rooms, etc.)</i>	
NUMBER OF SUBJECTS AT UCLA:	
SERVICES REQUESTED: <i>Please specify types of services needed (e.g. IRB application assistance, etc.)</i>	
TOTAL CHARGES:	