

**Institute for Health and Lifespan Research (IHLR)
University of Texas at El Paso (UTEP)**

Clinical Trials Partnership Request Form

Version 1.0 | Date: 02/23/2026

Thank you for your interest in partnering with IHLR. Please complete this form and email it along with any requested attachments to **tdmangadu@utep.edu**.

Note: Do not include protected health information (PHI) in this form. Submission of this form does not create a binding agreement; it supports an initial feasibility review.

1. Partner / Collaborator Information	
Primary contact (name, title)	
Organization / sponsor	
Previous/current UTEP collaborations (if any)	
Email	
Phone	
Mailing address	

2. Study Overview	
Study title	
Protocol / study ID (if any)	
Trial phase (if applicable)	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
Brief project summary and aims	

3. Target Population & Site Details	
Target population	
Key inclusion criteria	
Key exclusion criteria	
Planned sample size (total / at IHLR)	Total: IHLR:
Geographic location(s)	
Study setting	<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community <input type="checkbox"/> Remote/Telehealth <input type="checkbox"/> Other:
Participant recruitment approach	<input type="checkbox"/> Provider referral <input type="checkbox"/> Community outreach <input type="checkbox"/> EHR screening <input type="checkbox"/> Ads <input type="checkbox"/> Other:

4. Funding & Budget	
Funding source / sponsor	<input type="checkbox"/> NIH <input type="checkbox"/> Industry <input type="checkbox"/> Foundation <input type="checkbox"/> Internal <input type="checkbox"/> Other:
Funding status	<input type="checkbox"/> Secured <input type="checkbox"/> Pending <input type="checkbox"/> Planning
Estimated total study budget (if available)	\$
Estimated IHLR subaward / subcontract amount	\$

5. Timeline & Milestones	
Proposed start date	
Proposed end date	
Key milestones (e.g., IRB, first participant, closeout)	
Recruitment period	Start Date: End Date:

6. What's Needed from IHLR	
Requested IHLR role	<input type="checkbox"/> Lead site <input type="checkbox"/> Sub-site <input type="checkbox"/> Recruitment partner <input type="checkbox"/> Data/analysis partner <input type="checkbox"/> Other:
IRB approvals	
Clinical trial registration	
Clinical space / facilities needed	<input type="checkbox"/> Exam rooms <input type="checkbox"/> Lab <input type="checkbox"/> Imaging <input type="checkbox"/> Pharmacy/ Investigational product storage <input type="checkbox"/> Other:
Staffing needs	<input type="checkbox"/> PI <input type="checkbox"/> Co-I <input type="checkbox"/> Study coordinator <input type="checkbox"/> Research nurse <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Interpreter <input type="checkbox"/> Other:
Lab / specimen handling	<input type="checkbox"/> Collection <input type="checkbox"/> Processing <input type="checkbox"/> Shipping <input type="checkbox"/> Biobanking <input type="checkbox"/> Not applicable
Data support	<input type="checkbox"/> REDCap <input type="checkbox"/> EHR data pulls <input type="checkbox"/> Biostatistics <input type="checkbox"/> Data management <input type="checkbox"/> Other:
Community engagement / recruitment support	<input type="checkbox"/> Community partners <input type="checkbox"/> Outreach events <input type="checkbox"/> Materials translation <input type="checkbox"/> Other:
Equipment / supplies requested	
Safety monitoring	
Other roles/resources / deliverables requested	

7. Certification	
Date completed	
Individual completing this form (print name)	
Signature	