

## Division of AIDS (DAIDS) Protocol Registration Checklist

*NOTE - this form is not required if submitting materials through the DAIDS Protocol Registration System (DPRS)*

| <b>Section 1: Fill in all applicable information below</b>   |  |
|--|--|
| 1) Date of Submission:   | 2) Total number of Pages (including cover):  |
| 3) Clinical Research Site (CRS) ID Number and CRS Name for all CRS(s) submitting materials:                              |  |
| 4a) DAIDS or Network Protocol ID Number:   | 4b) Final DAIDS Approved Version Number:   |
| 5a) DAIDS or Network Sub-Study Protocol ID Number (if applicable):   | 5b) Final DAIDS Approved Version Number:   |
| 6) Name of Investigator of Record (IoR) listed on Form FDA 1572 or DAIDS IoR Form:                                       | Telephone Number:  |
|  | E-mail address:  |
| 7) Name of Study Coordinator:  | Telephone Number:  |
|  | E-mail address:  |
| 8) Additional Contact(s) that should receive notifications:  | Telephone Number:  |
|  | E-mail address:  |
| <b>Section 2: Check one box below that describes the reason for submission</b>   |  |
| <input type="checkbox"/> <b>Initial Registration</b>   | <input type="checkbox"/> <b>Corrected Materials:</b><br><input type="checkbox"/> <b>Response to Registration with Required Corrections</b><br><input type="checkbox"/> <b>Disapproval Notification</b> |
| <input type="checkbox"/> <b>Full Version Protocol Amendment Registration</b>   | <input type="checkbox"/> <b>Change of Investigator of Record (IoR) Request</b>   |
| <input type="checkbox"/> <b>Letter of Amendment (LoA) Registration</b>   | <input type="checkbox"/> <b>Continuing/Annual Review</b>   |
| <input type="checkbox"/> <b>Administrative Registration</b>  | <input type="checkbox"/> <b>Site Initiated Revised Site Specific Informed Consent Forms (ICFs)</b>   |
| <input type="checkbox"/> <b>Requested Materials in Response to a Requested Materials Notification from the DAIDS PRO</b> | <input type="checkbox"/> <b>Updated 1572/DAIDS IoR Form</b>  |
| <input type="checkbox"/> <b>Disapproval Reversal Request</b>   | <input type="checkbox"/> <b>Other Submissions</b> (specify below exactly what is being submitted to the DAIDS PRO & for what type of processing):  |
| <b>If your site is not eligible to protocol register, the DAIDS PRO cannot process your registration documents.</b>      |  |

**DAIDS Protocol Registration Office (DAIDS PRO),  
at the Regulatory Support Center (RSC)**

**Telephone: 1-(301) 897-1707 FAX: 1-(800) 418-3544 or (301) 897-1701**

**For Questions e-mail: protocol@tech-res.com**