



**NO COST EXTENSION FORM (NCX)**

**\*INDUSTRY-SPONSORED CLINICAL TRIALS/RESEARCH USE ONLY\***

[All fields must be completed]

[Send Completed PDF form to [rmg\\_ct\\_intake@stanford.edu](mailto:rmg_ct_intake@stanford.edu)]

**PI Name**

**Stanford SPO #**

**Sponsor**

**Current Project End Date:**

**Requested New End Date:**

**Provide the scientific justification for the request and a brief description of the work that will be conducted during the extension period:**

**Contact information for person completing form:**

**Name**

**Email address**

**Phone number**