*(Please attach this form to the front of all IRB applications)*

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| **A. Submission Information** |  |
| **IRB Project #:**  | **Date of Submission:**  |
| **Study Title:**  |
| **Principal Investigator** (Name):       |
| Contact Number:       | Email Address:       |
| **Research Coordinator** (Name):       |
| Contact Number:       | Email Address:       |
| **Mailing Address** (for IRB correspondence): |
| **Submission Type:**  | [ ]  Standard (Paper) | [ ]  E-Submission |  |
| **Review Type:** | [ ]  Expedited Review | [ ]  Full Board Review Required |
|  | [ ]  Request for “Exempt Status” |

**B. Requested action (Please choose one)**

|  |  |
| --- | --- |
| [ ]  Initial Review of New Project | [ ]  Continuation |
| [ ]  Change of PI | [ ]  Addition/Removal of Sub-Investigator |
| [ ]  Change of Consent Form | [ ]  Response to Stipulation |
| [ ]  New Questionnaires/Surveys/Tests | [ ]  HIPPA Waiver Request |
| [ ]  Termination Request | [ ]  Amendment/Modification to the Protocol |
| [ ]  Protocol Deviation Report | [ ]  New Patient Education/Information Materials |
| [ ]  Multiple Action Request (Specify)      |

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| **C. Investigator/Coordinator Comments** |
|       |

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| **D. List of Enclosures** |
|       |

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| **E. Signature of Person Making Submission** |
| Name:       | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |