*(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |