Principal Investigator

Name: Click here to enter text

E-mail address: Click here to enter text.

Date: Click here to enter a date. Signature:

Co-Investigator

Name: Click here to enter text.

E-mail address: Click here to enter text.

Date: Click here to enter a date. Signature:

Study

Title: Click here to enter text.

Brief Description: Click here to enter text.

Project starting date: Click here to enter a date. Project ending date: Click here to enter a date.

Request

[ ]  Exempt Status (attach completed *Request for Exempt Status*)

[ ]  Rely on Other Institution’s IRB Approval (attach paperwork from other IRB)

[ ]  Expedited Review (attach completed *IRB Screening Form)*

[ ]  Full Review (attach completed *IRB Screening Form* and any additional information required to fully describe the project)

Institutional Review Board Determination:

Exempt Status Approval: [ ] Yes [ ] No [ ] Revise and Resubmit

Approval Relying on Other IRB: [ ] Yes [ ] No [ ] Revise and Resubmit

Expedited Review Approval: [ ] Yes [ ] No [ ] Revise and Resubmit

Full Review Approval: [ ] Yes [ ] No [ ] Revise and Resubmit

IRB Chair’s Signature Date

IRB explanation (if any) for determination: Click or tap here to enter text.