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| 1. **SUBMISSION INFORMATION** | |
| * 1. **IRB Number:** |  |
| * 1. **Study Title:** |  |
| * 1. **Date of Submission:** |  |
| * 1. **Principal Investigator**   Name:  Institute/Department:  Contact Number:  Email address: |  |
| * 1. **Research Coordinator**   Name:  Institute/Department:  Contact Number:  Email address: |  |
| * 1. **Mailing address**   (for IRB Correspondence): |  |
| * 1. **Submission Type:** | ☐ E-submission |
| * 1. **Review Type:** | ☐ Request for “Exempt Status”  ☐ Expedited Review  ☐ Full-Board Review Required |

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| 1. **REQUESTED ACTION** | | |
| * 1. Please select the request for your submission: | ☐ Initial review of new project  ☐ Continuation request/renewal  ☐ Amendment | |
| If AMENDMENT, please describe: |  | |
| 1. **INVESTIGATOR/COORDINATOR COMMENTS** | | |
| * 1. **Please provide a brief explanation/justification for your request:** | |  |

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| 1. **LIST OF ENCLOSURES** | |
| * 1. **Please indicate all the documents that accompany your submission:**   ***Important: Should you be requesting for AMENDMENT. Please ensure that the changes have been highlighted in the attached documents.*** |  |

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| 1. **SIGNATURE OF PERSON MAKING SUBMISSION** | |
| Name: | Date: |