

CSIRC SUBMISSION FORM A

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| DATE OF SUBMISSION: | CSIRC APPROVAL DATE: |
| REASON FOR SUBMISSION | EXPECTED IRB SUBMISSION DATE: |
| NEW PROJECT <input type="checkbox"/> | CSIRC USE ONLY: |
| RECONSIDERATION <input type="checkbox"/> | |
| MODIFICATION <input type="checkbox"/> | |
| ANNUAL RENEWAL <input type="checkbox"/> | |
| RESPONSE TO AUDIT <input type="checkbox"/> | |
| DEMOGRAPHIC INFORMATION | |
| NAME: | |
| DEPARTMENT: | |
| PHONE NUMBER: | |
| EMAIL ADDRESS: | |
| NAME OF DEPT. CHAIR: | |
| CO-INVESTIGATORS: | |
| SITE OF RESEARCH: | |
| PURPOSE AND RATIONALE: | SUBJECTS/INCLUSION-EXCLUSION: |
| BRIEFLY DESCRIBE THE PURPOSE FOR YOUR REQUEST | BRIEFLY DESCRIBE THE STUDY PARTICIPANTS WITH ANY INCLUSIONARY OR EXCLUSIONARY CRITERIA |
| FUNDS REQUESTED: | BENEFITS/RISKS: |
| ESTIMATED TOTAL AMOUNT OF FUNDS REQUESTED WITH A BRIEF DESCRIPTION OF BUDGET | BRIEFLY DESCRIBE THE BENEFITS/RISKS TO THE SUBJECTS OR SOCIETY – INCLUDE ANY MEASUREMENTS TO REDUCE RISKS IF APPLICABLE |
| DISCLOSURE: DO YOU OR ANY OF THE INVESTIGATORS HOLD A FINANCIAL INTEREST IN THE STUDY SITE OR RESULTS? NO <input type="checkbox"/> YES <input type="checkbox"/> | SIGNATURE OF REQUESTOR: |