Memorial
University Medical Center
Savannah, Georgia

MEDICAL RESEARCH ADVISORY COUNCIL (MRAC)

INITIAL SUBMISSION FOR FOR INDUSTRY RESEARCH STUDY

STUDY TITLE: Protocol Version /Date:			
PRINCIPAL INVESTIGATOR: Department Address: Signature:	Phone: E-Mail: Date:		
SUB-INVESTIGATORS:			
PROSPECTIVE: ☐ # Expected Enrollment:	Length of Study:	month(s)	year(s)
RETROSPECTIVE: ☐ # Expected Enrollment:	Length of Study:	month(s)	year(s)

DOCUMENTS REQUIRED FOR INITIAL SUBMISSION:
☐ Current version of protocol
☐ Investigator Brochure/Pamphlet/Device information

**** * * Section Below for MRAC use only * * ****

Date Received:
MRAC Agenda Date:
Type of Review: ☐ Full Board ☐ Expedited ☐ Approved
Primary Reviewer:
Notes:

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MRAC Chair Date