

MEDICAL RESEARCH ADVISORY COUNCIL (MRAC)

INITIAL SUBMISSION FOR ORIGINAL RESEARCH STUDY

STUDY TITLE:			
RESEARCH TEAM:			
PRINCIPAL INVESTIGATOR:		Phone:	
Department Address:		E-Mail:	
Signature:		Date:	
SUB-INVESTIGATORS:			
RESEARCH DIRECTOR:		Date:	
		Signature:	
PROSPECTIVE SUBJECTS:			
# Expected Enrollment:	Length of Study:	month(s)	year(s)
RETROSPECTIVE:			
# Expected Enrollment:	Length of Study:	month(s)	year(s)
DOCUMENTS REQUIRED FOR INITIAL SUBMISSION:			
<input type="checkbox"/> Comprehensive study budget (<i>required for allocated funds studies</i>)			
<input type="checkbox"/> Current version of protocol			
<input type="checkbox"/> Investigator Brochure/Pamphlet/Device information			

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

Date Received:	
MRAC Agenda Date:	
Type of Review:	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited <input type="checkbox"/> Approved
Primary Reviewer:	
Notes:	
_____	_____
MRAC Chair	Date