

**Please complete, then print form.**

**Research Application Checklist  
(for research involving human participants)\***

Principal Investigator:

\_\_\_\_\_

Study Title:

\_\_\_\_\_

Please make sure to review and attach all relevant documents. These documents can be found on the Memorial Health University Medical Center Intranet under "Forms and Requests" and "Research".

- Research Application for New Study
- Complete Protocol                       Study Synopsis (incl. risks, benefits; if protocol is more than 5 pages in length)
- FDA Form (if applicable)
- Informed Consent Form(s)               Assent Form (if applicable)
- Data Collection Form
- C.V. Form for Principal & all Sub-Investigators ->               Already on File
- COI Form for Principal & all Sub-Investigators ->               Already on File
- Proof of human protections education for Principal & all Sub-Investigators ->               Already on File  
<http://phrp.nihtraining.com/users/login.php>
- Budget (attached)               Not required
- Grant award notice (if applicable)
- Contract (if applicable)
- Drug / Device information (if applicable)
- Investigator Brochure (if applicable)
- Advertising / Educational materials

Comments:

\_\_\_\_\_

Upon completion, please provide one (1) copy of this checklist and attachments to the Department of Clinical Trials located on the second floor of the William and Iffath Hoskins Center for Biomedical Research. For questions call the Department of Clinical Trials/Research at 912-350-8707 or email [research1@memorialhealth.com](mailto:research1@memorialhealth.com)

Departmental Review conducted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Research Director)

Comments: \_\_\_\_\_

**IRB fee waived or reduced per VP of Academic Affairs. If reduced, how much \$ \_\_\_\_\_**

Sent to \_\_\_\_\_ (Reviewer) on \_\_\_\_\_ (Date).

Review completed by \_\_\_\_\_ (Reviewer).

Returned to Dept. of Clinical Trials on \_\_\_\_\_ (Date). Received by \_\_\_\_\_ .

Research Director Approval: \_\_\_\_\_ (Date) \_\_\_\_\_ .

Sent/Hand-Delivered to IRB on \_\_\_\_\_ (Date) by \_\_\_\_\_ .