**\*\*\*Notice of CIRB (NCI) Protocol Application – NEW or TRANSFER\*\*\***

**Information must be typed.**

Date of notice (today’s date):

Was this protocol previously approved by the McLeod Health IRB? [ ]  Yes [ ]  No

If yes, list the most recent continuing review/approval date:

Date of protocol submission to CIRB:       Approval date from CIRB:

Study Title:

Protocol #:       Phase: [ ]  Phase II [ ]  Phase III [ ]  Phase IV

Principal Investigator:       Research Nurse:

Co-Principal Investigator:

Address:

E-mail address:       Telephone:

Name and address of all facilities where project will be conducted:

McLeod Regional Medical Center

**Does the PI have a conflict of interest regarding this study?** [ ]  Yes [ ]  No

If this is a new submission (not previously approved by the McLeod Health IRB),
has the study been approved by the department administrator? [ ]  Yes [ ]  No

*Note: All appropriate signatures must be present below prior to submission.*

Purpose of study (primary investigation): [ ]  Device [ ]  Drug [ ]  Other:

Length of study:        Expected number of subjects (local):

**Documentation to be submitted electronically with this form (checklist)**

[ ]  Initial CIRB approval letter (study-specific worksheet about local context)

[ ]  For transfers, attach most recent McLeod Health IRB approval letter

[ ]  Any other documents/materials that should be on file with the local IRB

**Comments:**

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**All forms must be signed by the investigator(s).**

Principal Investigator (printed):    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Principal Investigator Signature:    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_    Date:

**\*Administrator (VP)** (printed):    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**\*Administrator (VP)** Signature:    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_    Date:

Co-Principal Investigator (printed):    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Co-Principal Investigator Signature    \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_    Date:

*\*Required for new submissions only (not previously approved by the McLeod Health IRB).*

Please send this original form along with all relevant documentation\*\* (see checklist above) to:

Toshia Jones, IRB Coordinator

McLeod Health - Research Department

(843) 777-2013

toshia.jones@mcleodhealth.org

*\*\*BE SURE TO SEND ALL DOCUMENTS TO IRB COORDINATOR ELECTRONICALLY.*

**IRB OFFICE USE ONLY:** Form completed? [ ]  Noted in agenda/minutes on:    / /