Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Protocol No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *To be filled out by* ***Principal Investigator****:* | | *To be filled out by designated Technical Reviewer:* | *To be filled out by designated PELI-IRB member:* |
| List of Amendments: | Reasons: | Assessments of Technical Reviewers: | Assessments of Primary Reviewers: |
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|  |  |  |  |
| ----Nothing Follows---- | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name and Signature of Principal Investigator**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name and Signature of Technical Reviewer**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name and Signature of Primary Reviewer**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*To be filled out by designated PELI-IRB member:*

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| **Recommendation of primary reviewer:**   * Approval   Re-consent required? \_\_\_ Yes \_\_\_No   * Additional justification/information required * Disapproval | Type of Review: \_\_\_\_\_Expedited \_\_\_\_\_\_Full-Board  Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Printed Name and Signature of Primary Reviewer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name and Signature

Chair, PELI-IRB

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_