IRB Number: Date received by IRB:

NORTH MISSISSIPPI HEALTH SERVICES
INSTITUTIONAL REVIEW BOARD
Submission Form

Title of Investigation:

Acronym (if any):

Principal Investigator (PI):

PI's address, phone and e-mail:

PI's Signature _____ **Date**:_____

Primary Advisor/Mentor:

Primary Advisor/Mentor(s) address, phone and e-mail:

Primary Advisor/Mentor(s) has reviewed project: yes ☐ no ☐ If yes, date of review: ____

Sub-I's Signature (if applicable) _____ **Date:** _____

Study type:

behavioral: ☐ written survey ☐ interview ☐ other _____

☐ registry ☐ quality improvement/assurance project

NIH or other federal Grant Number (when applicable):

Collaborating Organization(s) (when applicable) (include address, contact, phone and e-mail):

Study Summary:

Projected duration of study:
Enrollment period:
Follow-up period:

Maximum number of human subjects to be studied: NMHS site____ total____

Research Sites: ☐ hospital ☐ clinic ☐ both

The following departments will be affected:

☐ Pharmacy ☐ Surgery ☐ Laboratory

☐ Medicine ☐ Billing ☐ Other _____

If any of the above departments will be affected, have they been contacted: ☐ Yes ☐ No

If the study involves a questionnaire, has it been submitted to the IRB? ☐ Yes ☐ No

If the study involves a case report form, has it been submitted to the IRB? ☐ Yes ☐ No

Age range of human subjects:

Criteria for subject selection:

Beneficial effect to human subject arising from investigation:

Potential adverse effects (psychological) arising from investigation:

Brief justification of research where immediate benefit to specific human subject is absent:

Please attach a copy of human subjects training

Please attach a copy of the school's IRB approval letter to this submission (if applicable)

IRB Office Information - preIRB approval

Status of review: administrative expedited full

Cost benefit analysis necessary: no yes if yes, date submitted:

Training plan necessary: no yes if yes, date submitted

Charge status: full sub-study

none: inhouse study student compassionate use registry

Vulnerable patient population: not applicable children pregnant women

prisoners other