



RESEARCH SUBMISSION FORM

Complete the following form and submit it along with your *study protocol and other relevant study materials to the Research Committee**

Email to: research-comm.osh@state.or.us

* If needed, the committee can provide you with a protocol template to help with this process.

I. Study Title

II. Institutional Review Board (who will be reviewing this study) (Please include Contact Information and this IRB's Federalwide Assurance (FWA) number)

III. Investigator Information	
A. Name:	
C. Department / Unit / Discipline:	
D. Title:	
E. Email:	
F. Phone:	
G. Current Protection of Human Subjects certification date (ex. CITI training)	

IV. Research Team (Name and Department)	

V. OSH Stakeholders	
Stakeholder has acknowledged the capacity to support or accommodate the study	
Stakeholder Name	Date



VI. OSH Justification	
Describe how the study is appropriate for OSH and our patient population.	

<i>For Administrative Purposes</i>	
Result of Provisional Submission (prior to IRB review):	
Date Received:	Date Reviewed:
<input type="checkbox"/> Provisional Approval, to submit to the authorized IRB	
<input type="checkbox"/> Not Approved, revisions recommended	
Revision Feedback:	
<input type="checkbox"/> Not Approved, protocol is not appropriate for OSH at this time	
Not Approved Rationale:	

Result of Final Submission (after IRB review):	
IRB Review: <input type="checkbox"/> Exempt <input type="checkbox"/> Expedited <input type="checkbox"/> Full	IRB Approval:
Date Received:	Date Reviewed:
<input type="checkbox"/> Approval for implementation	
<input type="checkbox"/> Not Approved, revisions recommended	
Revision Feedback:	
<input type="checkbox"/> Not Approved, protocol is not appropriate for OSH at this time	
Not Approved Rationale:	