REQUEST TO CONDUCT RESEARCH AT FACILITY

| Project Title: ______________________________ | IRB No.: ______________________________ |
| Submitted by: ______________________________ | Affiliation: ______________________________ |
| Email: ______________________________ | Tele: ______________________________ |
| Primary Investigation (if different from person submitting): ______________________________ |
| Project Location(s): ______________________________ |
| Community Approval: ______________________________ |
| Management Company Approval: ______________________________ |
| Funding Source(s): ______________________________ |
| Grant Title (if applicable and if different from project title): ______________________________ |

Research to include:  
- Cognitively Impaired  
- Economically or Educationally Disadvantaged  
- Others Specify

Research Submission:  
- Informed Consent, dated ______
- Privacy Notice
- Drug or device brochure(s), dated ______
- Protocol include any questionnaire(s), dated______
- Summary Safety Guard Statement, dated ______
- Advertisement (if applicable), dated ______
- Authorization, dated ______
- Other (Description), dated ______
- Consents
- IRB Approval Letter

Please mail all materials to:

I assure the Research Review Committee that all procedures performed under the project will be conducted in strict accordance with those federal regulations and internal policies which govern research involving human subjects. I agree to submit any deviation from the project in the form of an amendment for Research Review Committee approval prior to implementation. By signing this form, I am certifying that all co-investigators listed in the study are aware of the research and are agreeing to participate.

NOTE: Applications and any additional material requested by the RRC will not be processed unless neatly typed and legible, properly prepared, and signed personally by the principal investigator.

Date: ____________________________  Principal Investigator (Signature): ____________________________

******************************************************************************FOR RRC USE ONLY******************************************************************************

This protocol and informed consent statement for use of subjects in research has been reviewed and approved by the Research Review Committee for a maximum of a one year period beyond the final approval date unless otherwise indicated as follows:__________________________.

Authorized RRC Signature: ____________________________  RRC Approval Date: ____________________________

Recorded in the Minutes of: ____________________________