**REQUEST FOR USE OF CENTRAL IRB**

**The St. Luke’s IRB discourages the use of an outside IRB, but an exception may be granted for compelling reasons**

**PRINCIPAL INVESTIGATOR:**

**Dept/Div:**

**STUDY TITLE:**

**COMMERCIAL IRB: Check the appropriate box**

|  |  |
| --- | --- |
|  | Advarra IRB (Merger of Schulman IRB and Chesapeake IRB) |
|  | Quorum Review IRB |
|  | Western IRB (WIRB) (Includes Copernicus IRB and NEIRB) |
|  | Other IRB (Specify): |

**PLEASE PROVIDE A COMPELLING REASON FOR OUTSIDE IRB REVIEW**

**RISK**

Please check the appropriate box:

 [ ]  This research involves no more than minimal risk

  [ ]  This research involves more than minimal risk

**PROTOCOL INFORMATION AND SUMMARY – Please attach the protocol with this form**

Briefly explain the study purpose:

What are the study objectives (primary, secondary, exploratory):

Briefly describe the study and design:

Provide Inclusion/Exclusion Criteria:

Provide Statistical Design for primary endpoint:

**ALL CANCER-RELATED RESEARCH**

Does the scope of this research involve the screening, diagnosis, staging, treatment, support, outcome, prevention, control or characterization of cancer (patients, tissue, data, blood, charts, etc.)?   [  ] YES           [  ] NO

|  |  |  |
| --- | --- | --- |
| **Principal Investigator** | **Departmental Chair** | **Date** |
|  |  |  |
| Signature | Signature |  |

 [ ]  APPROVED [ ]  DISAPPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SLUHN IRB Chair