

801 Ostrum Street Bethlehem, PA 18015 Institutional Review Board Parampreet Kaur, MD, Chair William Peters, DO, Vice Chairman Jayne Silva, Manager Phone: 610-776-4832

## 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 approp	riate hox		
Advarra IRB (Merger of Schulman IR			
Quorum Review IRB			
Western IRB (WIRB) (Includes Coper	nicus IRB and NEIRB)		
Other IRB (Specify):			
PLEASE PROVIDE A COMPELL	ING REASON FOR OUTSIDE I	RB REVIEW	
RISK			
Please check the appropriate box:			
☐ This research involves no mor	e than minimal risk		
☐ This research involves more the	nan minimal risk		
PROTOCOL INFORMATION AND S	IJMMARY – Please attach the prote	ocol with this form	
Briefly explain the study purpose:	enancia i constitució de prote	301 WAN 3440 20144	
What are the study objectives (primary, se	econdary, exploratory):		
Briefly describe the study and design:			
Provide Inclusion/Exclusion Criteria:			
Provide Statistical Design for primary end	lpoint:		
ALL CANCER-RELATED RESEA	RCH		
Does the scope of this research involved or characterization of cancer (patients)			revention, control
Principal Investigator	Departmental Chair	Date	
Signature	Signature		
☐ APPROVED ☐ DISAPPROV	VED IRB Chair/Vice Chair		