



Institutional Review Board  
 801 Ostrum Street  
 Bethlehem, PA 18015  
 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 appropriate box**

<input type="checkbox"/>	Advarra IRB (Merger of Schulman IRB and Chesapeake IRB)
<input type="checkbox"/>	Quorum Review IRB
<input type="checkbox"/>	Western IRB (WIRB) (Includes Copernicus IRB and NEIRB)
<input type="checkbox"/>	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

\_\_\_\_\_ IRB Chair/Vice Chair