This form along with a protocol/research plan must be submitted to Katie Clark at kclark16@hsc.wvu.edu in order for the protocol to be put on the PRMC agenda. **Questions? Please call the CRU at (304) 293-7374.**

# General Protocol Information

|  |  |
| --- | --- |
| IRB #: |  |
| Full Protocol Title: |  |
| Objective: |  |
| Principal Investigator: |

|  |  |
| --- | --- |
| Name/Department: |  |
| PO Box: |  |
| Phone & Fax: |  |
| Email: |  |

 |
|  Study Coordinator: |  |
|  |  |
| Sub-Investigator(s): **\*Additional Sub-I(s)? List names below:** |

|  |  |
| --- | --- |
| Name | Department/Section |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| Sponsor/Granting Agency: |

|  |  |
| --- | --- |
| Sponsor Name: |  |
| Primary Study Contact Name/Title: | [ ]  CRO [ ]  Sponsor [ ]  Other  |
| Phone: |  |
| Fax: |  |
| Email: |  |

 |

Study Type:

[ ]  Chart Review

[ ]  Survey

[ ]  Questionnaire

**Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Projected Open Date: |  |
| Close Date: |  |

**Study Duration:**

**Accrual Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Log form must be submitted at the end of the study or at the end of the calendar year, whichever occurs first, for annual accrual recording. (Chart reviews only need to report the number of charts reviewed)**