INVESTIGATOR QUALITY IMPROVEMENT ASSESSMENT

July 1, 2019

*<Name of Principal Investigator>*

*<Address of Principal Investigator>*

*<Phone Number of Principal Investigator>*

*<Fax Number of Principal Investigator>*

*<Email Address of Principal Investigator>*

Dear *<Hailing of Principal Investigator>*:

Please complete a copy of the attached “CHECKLIST: Investigator Quality Improvement Assessment (HRP-430)” and return to the IRB within 30 days.

This form will be used as part of the organization’s quality improvement program for its human research protection program.

Sincerely,

IRB Manager

cc: *<Protocol Contact>*