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| **Use for new proposals**  *(Make copies of pages as needed)* | | | | | | | | |
| **Study IRB Number:** (if known) | |  | | | | | | |
| **Study Title:** | |  | | | | | | |
| **Short Title:** | |  | | | | | | |
| **Site Investigator:** | |  | | | | | | |
| **Site Primary Contact:** | |  | | | | | | |
| **Funding Sources** | | | | | | | | |
| * Include funding sources only if different than funding for the main study. | | | | | | | | |
| **Name of Funding Source** | | | | **Funding Source ID** | | | **Grant Office ID** | |
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| **Financial Interest Declaration** | | | | | | | | |
| * See “SOP: Definitions (HRP-001)” for definitions of Immediate Family and a financial interest Related to the Research. | | | | | | | | |
| Do any personnel (or an immediate family member of personnel) involved in the design, conduct, or reporting of the research have a financial interest Related to the Research? **If yes, provide the institution’s evaluation of the financial interest below.** | | | | | | | | Yes  No |
| Name | Role | | Involved in consent? | | | Evaluation (You may attach a separate page describing the outcome of the evaluation.) | | |
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| **Site Information** | | | | | | | | |
| Provide the following documents when they exist or are applicable:   * Point-by-point response *(For a response to modifications to secure approval, deferral, or disapproval)* * Evaluation of any Related Financial Interest. * Written materials to be provided to or meant to be seen or heard by subjects at your site   + Evaluation instruments and surveys1   + Advertisements *(printed, audio, and video)*   + Recruitment materials and scripts   + Consent documents   + If consent will not be documented in writing, a script of information to be provided orally to subjects   + Foreign language versions of the above * Site supplement to the main protocol | | | | | | | | |
| **Investigator Acknowledgement** | | | | | | | | |
| I will conduct this protocol in accordance with requirements this IRB’s requirements and any relevant local requirements. | | | | | | | | |
| Investigator signature | | | | | Date | | | |
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