

Mississippi State Department of Health Institutional Review Board Research Submission Form

Submission Date:	Existing MSDH IRB # (If applicable):
Principal Investigator:	Contact Name (if other than PI):
Mailing Address:	Phone #:
	Fax #:
	Email:
Proposed Start Date:	Anticipated End Date:
Request: <input type="checkbox"/> Full Review <input type="checkbox"/> Expedited <input type="checkbox"/> Exemption (Refer to Sec. 4.0 Agency Manual for description)	
Title of Study:	
Research Question or Hypothesis:	
Target Population:	
Inclusion/Exclusion Criteria:	
Risk(s) / Benefit(s) to Subjects:	
Brief Summary of Research Methods:	
Funding Source(s):	
Checklist of Documents Attached for IRB Review (as applicable): <input type="checkbox"/> Informed Consent Document <input type="checkbox"/> Research Protocol / Operations Manual <input type="checkbox"/> Questionnaire or Survey Instruments <input type="checkbox"/> Interviewer Manual <input type="checkbox"/> Verification of Human Subjects Training <input type="checkbox"/> Other (please describe):	
Name of MSDH Department(s)/Program(s) Involved:	
Name(s) of MSDH Personnel Involved:	
Potential Impact on MSDH Programs:	
Submitted to Another IRB for Review? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please indicate approval status:	
Signature of Principal Investigator:	Date:
*****Do Not Write Below This Section*****	
IRB Protocol #	Action Taken:
Signature of IRB Chair:	Date: