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| **STUDY INFORMATION** |

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| 1. **Principal Investigator Name:**
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| 1. **Principal Investigator Affiliation:**
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| 1. **Title of Project:**
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| 1. **IRB/HRPO #:**
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| 1. **Describe how this project is funded:**
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| 1. **List ALL research activities occurring *at SLU or by SLU researchers*:**
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| 1. **List ALL research activities occurring *at WU or by WU researchers*:**
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| **RESEARCH TEAM** |

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| 1. **Name**
 | **Affiliation** | **List Specific Activity** |
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| 1. Do the activities outlined in this collaborative research fall under the auspices of the SLU IRB/WU HRPO Umbrella Agreement?
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| [ ]  YES – see 9a. |
| 9a. If YES, please indicate which institution is the IRB of Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  NO – requires dual HRPO/IRB review |

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| **IRB APPROVAL** |

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| 1. **SAINT LOUIS UNIVERSITY IRB APPROVAL**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Maureen Bresnahan, CIP, CCRA****Director****Human Subject Protection Program****Saint Louis University** | **WASHINGTON UNIVERSITY HRPO APPROVAL**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Jeanne Velders, JD, CIP****Executive Director****Human Research Protection Office****Washington University St. Louis**  |