

Short Project Title:

APPLICATION FOR ASCIP-ASSOCIATED RESEARCH

Date of Request:

Name of Principal Investigator (and credentials):

Academic/Clinical Position:

Name of Person submitting this request (if different from above):

Facility:

Name of ASCIP Member(s) on the Research Team (or state "none" or "unknown"):

Section: APS SCIN TLC PSWC

Funding source (if applicable, or state "none"):

IRB approval date:

Attach the IRB approval letter, protocol, and consent form, if available.

Please provide a detailed explanation below that relates to this ASCIP request (approximately 1-3 paragraphs per section):

Study purpose or aims:

Study population:

Recruiting plan:

Short Project Title:

Intervention and/or data collection activities:

Plan to protect Privacy and Confidentiality:

Relevance to ASCIP:

End of Recruitment Date:

(Date when recruitment materials will be taken down from the webpage)

For Administrative Purposes Only

Date ASCIP ARC Review Complete:

Final Decision: Approve Revisions/Clarifications Needed Decline

Committee Member Signature: