

ST. VINCENT HOSPITAL RESEARCH & REGULATORY AFFAIRS  
IRB/IBC APPROVAL FORM

IRB STUDY NUMBER: \_\_\_\_\_ (RRAD will assign)

SECTION I: INVESTIGATOR INFORMATION

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_  
*(Last, First, Middle Initial)*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If this is a Research Proposal, List Name of the Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Research Proposal Title: \_\_\_\_\_

Sponsor/Funding Agency: \_\_\_\_\_ PI on Grant: \_\_\_\_\_

Sponsor Research Proposal #/Grant #: \_\_\_\_\_ Period: From: \_\_\_\_\_ to \_\_\_\_\_

Sponsor Address and Phone Number: \_\_\_\_\_

Sponsor Type:  Federal;  State;  Industry\*;  Not-for-Profit;  Unfunded;  Internally Funded

Application Type:  New;  Renewal Current study #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Grant Title (if different from research proposal title): \_\_\_\_\_

\*NOTE: Information regarding the fee for IRB review is available at the Research & Regulatory Affairs Department (317) 338-2194.

SECTION II: TYPE OF REVIEW

Exempt Review  Expedited Review  Full Board Review

SECTION III: TYPE OF STUDY

Drug  Device  
\_\_\_ Phase I  Other, Describe: \_\_\_\_\_  
\_\_\_ Phase II  
\_\_\_ Phase III  
\_\_\_ Phase IV

SECTION IV: PERFORMANCE SITE

Please indicate all locations where the study will take place:

- |  |   |
|--|---|
| <input type="checkbox"/> Carmel Ambulatory Center                          | <input type="checkbox"/> St. Vincent Frankfort Hospital                   |
| <input type="checkbox"/> Endoscopy Center                                  | <input type="checkbox"/> St. Vincent Hospital 86 <sup>th</sup> Street     |
| <input type="checkbox"/> The Hand Center of Indiana                        | <input type="checkbox"/> St. Vincent Jennings Hospital                    |
| <input type="checkbox"/> The Heart Center of Indiana                       | <input type="checkbox"/> St. Vincent Mercy Hospital                       |
| <input type="checkbox"/> Indiana Heart Institute                           | <input type="checkbox"/> St. Vincent New Hope                             |
| <input type="checkbox"/> St. Elizabeth Ann Seton Hospital (location _____) | <input type="checkbox"/> St. Vincent Pediatric Rehabilitation Center      |
| <input type="checkbox"/> St. John's Health System (location _____)         | <input type="checkbox"/> St. Vincent Physician's Network (location _____) |
| <input type="checkbox"/> St. Joseph Hospital                               | <input type="checkbox"/> St. Vincent Randolph Hospital                    |
| <input type="checkbox"/> St. Vincent Carmel Hospital                       | <input type="checkbox"/> St. Vincent Williamsport Hospital                |
| <input type="checkbox"/> St. Vincent Children's Specialty Hospital         | <input type="checkbox"/> Women's Hospital of Indianapolis                 |
| <input type="checkbox"/> St. Vincent Clay Hospital                         | <input type="checkbox"/> Other:   |

