

VERIFICATION WORKSHEET

CIP #:

Date Submitted: _____ Projected Study Duration:

1. PI:

2. Title:

3. Performance Site (Institution/Department):

Other Institution(s) (Collaboration)

Has this protocol been submitted for approval to IRBs at other institutions concerned? Yes No

If yes, where?

Their disposition (attach copy)?

4. Personnel Engaged on Project:

NAME/GRADE/SSN

STATUS*

DUTY STATION

PI:

AI:

AI:

AI:

AI:

AI:

*STATUS: Fellow (F), Resident (R), Staff (S), Civilian (C)

5. Support Requested From: CIP HMJFAMM GRANT Gift

6.**Support Requires: MOU ISA CRADA CONTRACT
(CID will complete)

7. Principal Investigator:

(signature)

(DD/MM/YY)

8. Action by Principal Investigator's Immediate Supervisor:

APPROVE DISAPPROVE

(Department Chair's signature)

(DD/MM/YY)

9. Accepted for CID Processing:

(Head, CID signature)

(DD/MM/YY)

CLINICAL INVESTIGATION TITLE PAGE
AND VERIFICATION WORKSHEET

To Be Completed By CID Staff

10. Research Involves or Requires:			Approval Date:		
	<u>YES</u>	<u>NO</u>		(DD/MM/YY)	
	<input type="checkbox"/>	<input type="checkbox"/>	IRB	<u>PENDING/APPROVED</u>	<u>INITIAL</u>
Scientific & Human Review	<input type="checkbox"/>	<input type="checkbox"/>		_____/____	_____
Investigational Agents	<input type="checkbox"/>	<input type="checkbox"/>	NIDRB	_____/____	_____
Retrovirus	<input type="checkbox"/>	<input type="checkbox"/>	BUMED	_____/____	_____
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	RSC	_____/____	_____
Animals	<input type="checkbox"/>	<input type="checkbox"/>	IACUC	_____/____	_____
Nonhuman Primates	<input type="checkbox"/>	<input type="checkbox"/>	IACUC	_____/____	_____
Cats, Dogs, Marine	<input type="checkbox"/>	<input type="checkbox"/>	MED02-E	_____/____	_____
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	Agency/ Institute	_____/____	_____

CRADA/MOU/ISA/CONTRACT Effective Date: _____ Expiration Date: _____

Satellite Facility Local CO _____/_____

11. **Action by Naval Medical Center** _____ :
(location)

a. Approval recommended, per IRB meeting of: _____ .
(DD/MM/YY)

b. CO signed IRB minutes: _____ .
(DD/MM/YY)

c. Unconditional start letter from CID to PI: _____ .
(DD/MM/YY)

d. Approval Authority: _____ .
(Signature, by direction authority) (DD/MM/YY)

12. **Action by NMETC CO:** Approved Disapproved

(Signature)

(DD/MM/YY)