

PROTOCOL APPLICATION FORM
Eastern Band of Cherokee Indians Medical Institutional Review Board

New Protocol

For IRB Use: _____

Date of Submission to IRB: _____

Meeting Date: _____

Proposed Estimated Start Date: _____

Estimated End Date: _____

Protocol Title:

Principal Investigator:

Phone Number

Fax Number

Pager Number

E-mail Address

Co-Investigators

Name (and degree if applicable)

Department, Section, Institution

In addition to the principal investigator, copy all correspondence to:

NAME

Phone Number

Fax Number

Pager Number

E-mail Address

Performance Site(s): Describe where the proposed research study will be conducted.

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Abstract

- This study has not undergone scientific peer review prior to being submitted to the IRB
- This research study has undergone scientific peer review prior to submission to the IRB by:
- NIH (Specify the Institute, Center or Office): National Institute of General Medical Sciences
 - CDC (Specify the Center, Division, or Office):
 - IHS (Specify the Division or Office):
 - Other (Specify):

Describe the prior scientific peer review process used:

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Biographical Sketch			
Provide the following information for principal investigator and each co-investigator. DO NOT EXCEED FOUR PAGES.			
NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors.

Positions:

Honors:

B. Selected peer-reviewed publications (in chronological order).

C. Research Support.

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