USMC IRB Action Request

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| **Protocol # (if assigned):** |  | **Date:** |  |
| **Protocol Title:** |  | | |
| **Principal Investigator (PI):** | *(include name, title/position, organization, telephone number(s), and email address)* | | |
| **PI Supervisor:** | *(include name, title/position, organization, telephone number(s), and email address)* | | |

Check appropriate statement:

\_\_ 1. Initial Review - I request approval of the attached protocol.

\_\_ 2. Amendment - I request approval of changes in this research protocol and/or to research personnel as described below and/or in the attached document(s).

\_\_ 3. I am submitting a Progress Report or Request for Continuing Review.

\_\_ 4. I am submitting an Unanticipated Problem/Adverse Event Report.

\_\_ 5. I am submitting a Final Report.

\_\_ 6. Other. (e.g., request for release of contract/grant funds to support protocol development)

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| **Summary**: If submitting an amendment or if “other” is checked above, provide a brief summary below and list the attached documents associated with the submission. |
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**PI Signature**: I certify by my signature that I will abide by applicable laws and policies, that no research activities will begin until I receive approval, and that no changes to a previously approved protocol will be implemented until an amendment has been approved.

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| **PI Signature** |  | **Date** |  |

**Supervisor Signature**: I certify by my signature that this project has undergone review to ensure it is scientifically sound, that the PI will be supported to abide by applicable laws and policies, and that my organization can provide appropriate access controls, data security, and support for required record retention and/or transfer.

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| **Supervisor Signature** |  | **Date** |  |