IRB APPLICATION FORM FOR CASE REPORTS AND CASE STUDIES

New York Chiropractic College
Please type all responses
Handwritten responses will be returned to the applicant

1. PROJECT DETAILS

Project Title:

Principal Investigator:
Name | Degree
---|---
Phone | Fax | Cell
E-mail address | Department

2. PROJECT INFORMATION

2.1 Number of Records to be examined:
(If more than three records, IRB review may require expedited review)

2.2 Are subjects chosen from records or information about subjects originating from a database or charts? □ Yes □ No

2.3 Has the source of data/information/chart originated from your own department or unit? □ Yes □ No
If your answer is “No”, if the source documents are coming from a unit other than your own unit, please provide a letter of approval from the source to use the data or information.

2.4 Start Date:

2.5 Completion Date:

2.6 Provide location where data records or information is stored or available:

2.7 Will you record any direct identifiers, names, social security numbers, addresses, telephone numbers, etc.? □ Yes □ No

If “YES”:
Explain why it is necessary to record findings with identifiers?

If there is a coding system which you will use to protect against disclosure of these identifiers, please include the system:

Describe the provisions you have taken to maintain confidentiality of data:
2.8 Will you secure written permission from the patient? □ Yes   □ No

________________
Principal Investigator’s Signature, Date

Return this application form and a copy of the case study to the attention of the IRB Administrative Assistant:

by mail to 2360 State Route 89, Seneca Falls, NY 13148 or

by fax to 315-568-3204 or

by e-mail to asmith@nycc.edu

If you have any questions, please call 315-568-3868.

Decision of IRB

Reviewer:

Comments:

□ Approve

□ Revisions Required

□ Disapprove