



Institutional Review Board (IRB)

Form 1

District of Columbia Department of Health (DOH) Application for Research Involving Human Subjects

For internal use only:
Date received: IRB number:

Name of P.I./Coordinator: Tel:

Address: E-Mail:

Name of Co-P.I./Staff: Tel:

Address: E-Mail:

Name of project:

Project site: Number of project participants:

Project duration (mo/yr – mo/yr): to

Funding agency:

If reviewed by another IRB: Yes No Name:

Vulnerable populations: the proposed research will involve the following (check all that apply):

<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Students
<input type="checkbox"/> Fetuses	<input type="checkbox"/> Prisoners
<input type="checkbox"/> Neonates	<input type="checkbox"/> Individuals with mental disabilities
<input type="checkbox"/> Minors/children	<input type="checkbox"/> Individuals with physical disabilities
<input type="checkbox"/> Other, specify: <input type="text"/>	

DOH agency or DOH partnering agency: <input type="text"/>
DOH partnering agency head or his/her designee: <input type="text"/>
Tel: <input type="text"/> E-Mail: <input type="text"/>

Signature of principal investigator

Date of initial submission

Important note: Send a copy of this page as cover with each proposal submitted to the DOH-IRBPH.