



TRANSFER OF IRB OVERSIGHT TO MWMC IRB CHECKLIST

PRINCIPAL INVESTIGATOR: _____

STUDY NUMBER: _____

STUDY TITLE:

NAME OF PREVIOUS IRB :

DATE OF MWMC IRB REVIEW OF TRANSFER: _____

DATE OF NEXT CONTINUATION REVIEW: _____

CHECKLIST:

- ORIGINAL SUBMISSION
- COPY OF LAST IRB CONTINUING REVIEW LETTER
- COPY OF PROTOCOL
- INVESTIGATIONAL BROCHURE NOT APPLICABLE
- INSTRUCTIONS FOR USE/DEVICE OPERATIONS MANUAL NOT APPLICABLE
- AMENDMENTS NOT APPLICABLE
- GRANT IF FEDERALLY FUNDED NOT APPLICABLE
- CURRENT INFORMED CONSENT WORD VERSION NOT APPLICABLE
- CURRENT APPROVED ADVERTISEMENT NOT APPLICABLE
- CVS FOR PRINCIPAL AND SUB- INVESTIGATOR



- NIH/CITI
- MEDICAL LICENSE OF PI AND SUB I NOT APPLICABLE
- HUD'S ONLY** LETTER FROM CEO ACKNOWLEDGING USE OF DEVICE

MWMC STUDY NUMBER: _____

STUDY ACTIVITY

IS STUDY OPEN TO ACCRUAL YES NO DATA ANALYSIS ONLY

NUMBER OF SUBJECTS CONSENTED: _____

NUMBER OF ACTIVE SUBJECTS: _____

ANY UAPS REPORTED PRIOR TO STUDY TRANSFER YES NO

ANY SUBJECT COMPLAINTS PRIOR TO STUDY TRANSFER YES NO

Below will be completed by MWMC IRB

DOES CONSENT FORM REQUIRE ANY CHANGES? YES NO

CHANGES SUGGESTED: _____

OUTSTANDING INFORMATION:
