

TANEY COUNTY HEALTH DEPARTMENT

COVER SHEET FOR IRB SUBMISSIONS



TCHD staff must complete this form for each individual project/study done in collaboration with external researchers or for internal projects/studies. Submit this cover sheet with the paper copy of all documents required for IRB review to the IRB Chair or the TCHD Director's Office. Email the electronic copy of the forms to the IRB chairperson.

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| Title of Study: | Statutory/Regulatory Authority to Conduct Study: |
|-----------------|--|

Identify any internal or external reviews needed:

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| <input type="checkbox"/> WIC Division | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Clinical Division | <input type="checkbox"/> TCHD Counsel |
| <input type="checkbox"/> Environmental Health Division | <input type="checkbox"/> Other Institutions' IRB |
| <input type="checkbox"/> Dental Division | <input type="checkbox"/> State Registrar |
| <input type="checkbox"/> TCHD IRB | <input type="checkbox"/> Other (specify): _____ |

| | |
|-------------------------------------|----------------------|
| Authority Approval Signature: _____ | Date: ____/____/____ |
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Potential impact on TCHD. Describe possible impact on internal and external stakeholders. Be specific about potential controversies, barriers, political or policy interests. Describe steps you will take to address these concerns.

SIGNATURES

| | |
|--|----------------------|
| Signature of TCHD Co-investigator: _____ | Date: ____/____/____ |
| Signature of Supervisor: _____ | Date: ____/____/____ |
| Signature of Division Director: _____ | Date: ____/____/____ |
| Signature of Approval: _____ | Date: ____/____/____ |