



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
 INSTITUTIONAL REVIEW BOARD
 STRAWBERRY MANSION HEALTH CENTER
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Donald F. Schwarz, MD, MPH
 Deputy Mayor, Health & Opportunity
 Health Commissioner

James L. Dean, MD, FACP
 Chairperson

Judith Samans-Dunn, MSIA
 Administrator

PROPOSAL SUBMISSION APPLICATION

PART I

1	TITLE OF PROPOSAL
2	PRINCIPAL INVESTIGATOR INFORMATION Name: _____ Degree(s): _____ Title: _____ Agency: _____ Address: _____ _____ _____ Phone: _____ E-mail: _____
3	ALTERNATE CONTACT INFORMATION Name: _____ Title: _____ Phone: _____ E-mail: _____
4	STUDY SPONSORSHIP (Include sponsor and grant number, if available)

DO NOT WRITE BELOW THIS LINE – FOR IRB USE ONLY

Date of Receipt	
Unit Approval	
HDSR Required	
Other IRB Required	
IRB Training	
Conflict of Interest	
Scheduled for Review	
Other	

PART II: CHECK AND COMPLETE ALL APPLICABLE SECTIONS

#	X	
1		Submission of new study for full IRB review. (All new studies are reviewed by the full IRB) Submission includes:
		A. Executive summary – One page, Twenty (20) copies – To include the following information: <ul style="list-style-type: none"> • Description of theory, methodology, intent of study • Description of Philadelphia Department of Public Health, Department of Behavioral Health or Risk Management involvement • Duration of study • Aspects of research • Risks to subjects • Numbers of participants • Contact information for Principal Investigator • Notation if requesting exemption from or alteration of written consent documentation and/or waiver of HIPAA authorization
		B. Twenty (20) copies of <ul style="list-style-type: none"> • All consent and/or assent form(s) (see PDPH IRB Consent Guidance) • All materials for participant recruitment or distribution, such as flyers, advertisements, reminder cards, etc.
		C. Six (6) copies of all additional study documents, including, if applicable: <ul style="list-style-type: none"> • Full grant proposal or research protocol, including any surveys, measurement scales, etc. • Principal Investigator's Conflict of Interest statement • Proof of satisfactory completion of IRB training within preceding three (3) years for Principal Investigator and all co-investigators.
2		Expedited review eligibility – Check this section if you believe this study qualifies for expedited review for revisions, continuing review or other future actions, and complete and submit Part III with your application
3		Submission of request for Exempt Study Determination. Check this section if you believe this study qualifies as exempt from IRB review. Note - If study is determined to not be exempt, or if waiver of HIPAA authorization is required, be prepared to submit materials indicated, in section # 1 above, for full IRB review.
		Submit two (2) copies of an Executive Summary (see required information listed under executive summary in section #1) and all applicable study materials.
		Complete and attach Part IV with your application

4		Submission by Principal Investigator who is not affiliated with Philadelphia Department of Public Health or Department of Behavioral Health – <i>Check appropriate box</i>
		(A) Submission includes IRB approval from investigator's home institution or documentation of application for such approval, or
		(B) Submission includes a non-affiliated investigator agreement (contact IRB office for a draft agreement, or
		(C) Investigator is an MPH student at Drexel University covered under the reliance agreement between Drexel and Philadelphia Department of Public Health.
5		Request for alteration or waiver of written informed consent and/or waiver of HIPAA authorization. Complete and attach Part V with your application.

Signature: _____

Date: _____