Health Commissioner's Office Review Committee Submission Form

I. Primary Contact Information	
Name:	
Affiliation:	
Address:	
Email:	
Phone:	
(A PDPH C	aborator Information ollaborator is required ONLY if the primary contact is external to PDPH)
Name:	
Division:	
Email:	
Phone:	
III. Submission	1
Title:	
Туре:	 □ Research/Collaborative Project/Public Health Analysis (Attach Executive Summary – see below) □ Manuscript (Attach manuscript) □ Conference Abstract (Provide conference date and location)
Conference or Journal:	
Abstract	

Has or will this study be submitted for review by the PDPH IRB? □Yes □No (Guidelines for IRB submission can be found at: http://www.phila.gov/health/Commissioner/IRB.html)

Executive Summary (required only for Research/Collaborative Project/Public Health Analysis): The executive summary should be about **1-2 pages in length** and include the title, author(s) and affiliations, date of submission, anticipated start date, brief background/context for the proposed project, objectives of the proposed activities, data sources to be used, anticipated analytic methods to be employed (if applicable), and how the proposal relates to the Mission of PDPH and/or benefits the public's health.

If you have questions about submitting a study to the Health Commissioner's Office Review Committee, call (215) 686-5242 or email cheryl.reilly@phila.gov.