TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CENTRAL OFFICE INSTITUTIONAL REVIEW BOARD
APPLICATION FOR REVIEW OF PROTOCOL

Protocol #: _____-_____-_____

Project Title: _____

_____

Facility Involved in Proposed Research: _____

Principal Investigator:

Name: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Faculty Supervisor (if student):

Name: _____ University: _____

Co-Investigator(s):

Name(s) and Affiliations: _____

_____

_____

Funding Agency (if funded or submitted for funding): _____

☐ Requesting Exempt Status _____ Exemption Category claimed under 45 CFR 46.101b (Refer to categories 1 to 6)

☐ Requesting Expedited Review _____ Expedited Category claimed under 45 CFR 46.110 (Refer to categories 1 to 7)

In making this application, I certify that I understand the policies and procedures governing research with human subjects developed by the Texas Department of Mental Health and Mental Retardation (now Department of State Health Services and Department of Aging and Disability Services) and that I fully intend to comply. I further acknowledge my responsibility to report any changes in the protocol and to obtain written approval for these changes prior to making them. Annual review and continuing IRB oversight must be maintained for compliance. Copies of the Policies and Procedures, DSHS and DADS' rule governing Research in TDMHMR Facilities, and the Code of Federal Regulations, 45 CFR 46, are available from the Office of Research Administration.

_____ _____

Signature of Principal Investigator Date

_____ _____

Signature of Faculty Supervisor (if student) Date

This proposal has been reviewed and approved by the DSHS Central Office Institutional Review Board. It is in compliance with the Code of Federal Regulations, 45 CFR 46, and DSHS and DADS' rule governing Research in TDMHMR facilities.

_____ _____

Signature of IRB Chair or Acting Chair Date

Additional Approval (if required):

_____ _____

DSHS Behavioral Health Medical Director Date

I have reviewed this proposal and recommendations by the Central Office IRB and support this research proposal being conducted at _____.
facility name

_____ _____

Facility Superintendent Date