

**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN SUBJECT REVIEW FORM**

PLEASE TYPE

PRINCIPAL INVESTIGATOR: _____, MD **PHONE** _____

INSTITUTION / COMMUNITY PROGRAM _____ **E-MAIL** _____

CO- INVESTIGATOR: _____ **PHONE:** _____

INSTITUTION / COMMUNITY PROGRAM _____ **E-MAIL** _____

COORDINAT _____ **PHONE:** _____

ADDRESS: _____ **E-MAIL:** _____

STUDY TITLE: _____

FUNDING SOURCE(S): _____

LOCATION(S) WHERE STUDY WILL TAKE PLACE:

NEW PROJECT

PROPOSED PROJECT DATES: _____

Dartmouth Affiliation? Y or N (if yes, must provide 2 copies of all submission materials) 2 copies provided? Y or N

RENEWAL (check as applicable)

DATE STUDY FIRST APPROVED: _____

There are no revisions in the protocol or consent form since last IRB review (revisions have rec'd CPHS approval)

There are revisions in the enclosed protocol since last CPHS review (describe in Continuing Review Form: #2)

There are revisions in the enclosed consent form since last CPHS review (describe in Continuing Review Form: #2)

REVISION (include cover letter describing revision and enclose revised documents)

Drug Class: _____ _____ - Interventions/Services: _____ _____ Other: _____ _____	<input type="checkbox"/> Substance Use Treatment Service Provider _____ <input type="checkbox"/> Other _____	_____ _____ Will there be increased patient costs relative to standard care? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How will subjects be notified? _____ _____
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Principal Investigator Signature DATE: _____
Printed name

I certify that the above named investigator(s) has a) the expertise to conduct this study, and b) that this organization has the resources and infrastructure to devote to this research.

Signature of Department Chairperson or PI's Supervisor DATE: _____
Printed Name

(irbf001 - HSRF) 6/20/06