MISERICORDIA UNIVERSITY
APPLICATION COVER SHEET FOR INITIAL IRB REVIEW

Type 1 Review ☐  Type 2 Review  ☐  Type 3 Review  ☐

Name of contact person:

Department/Program:

Address:

Phone:

Email address:

Faculty Research Advisor (for student research):

Advisor’s Telephone Number:

Advisor’s email address:

Project Title:

Proposed Project Dates:  from  to

PLEASE DO NOT INDICATE A START DATE ANY SOONER THAN THE MONDAY FOLLOWING THE IRB MEETING DATE AT WHICH YOUR PROTOCOL WILL BE DISCUSSED.

NOTE: DO NOT BEGIN DATA COLLECTION UNTIL YOU RECEIVE NOTIFICATION THAT YOUR APPLICATION HAS BEEN APPROVED.

Type 1 Review:

Action:

☐ Approved as submitted

☐ Application disapproved as Type 1, resubmit as  Type 2  Type 3.

________________________________________
Signature of Reviewer(s)  ________________________________  Date ______

________________________________________
________________________________________  Date ______

The reason(s) for disapproval are:
Type 2 Review:

Action:

☐ Approved as submitted
☐ Approval withheld pending submission of revision and/or additional information.
☐ Application disapproved.

___________________________________________________

Signature of Reviewer #1                          Date

___________________________________________________

Signature of Reviewer #2                          Date

Type 3 Review:

Action:

☐ Approved as submitted
☐ Approval withheld pending submission of revision and/or additional information.
☐ Application disapproved.

___________________________________________________

Signature of IRB Chair/Designee on Behalf of IRB     Date