

**University of Louisville Human Studies Committee
New Review Checklist**

Date: _____

To: **Jewish Hospital Center for Advanced Medicine**
(for IRB review by the U of L Human Studies Committee)

From: _____, Principal Investigator

Re: Protocol No.: _____
Title: _____

As indicated by the boxes checked below, the enclosed documents are submitted for Initial Review:

- MIRA Application** (*Jewish Hospital IRB website*)
- Clinical Research Agreement** (*Jewish Hospital IRB website*)
- Study Synopsis Form** (*Jewish Hospital IRB website*)
- UofL checklist of required documents** (*U of L IRB website*)

Signature of Principal Investigator or Designee

Date

Send this form with all documents to:

Melissa Sewell
Jewish Hospital
Human Studies Committee
200 Abraham Flexner Way
Louisville, KY 40202

Do not write below this line

Jewish Hospital Institutional Approval:

Printed Name/Title

Signature

Date