

APPENDIX A: IERB PROPOSAL SUBMISSION FORM

Part D: For IERB Office Official Use

Assigned IERB Proposal Number:	
Received By Name: Received Date:	Official Stamp and Date

Date IERB Review Scheduled:
Assigned Primary IERB Reviewers Reviewer 1: Name _____ Reviewer 2: Name _____ Reviewer 3: Name _____
IERB Review Decision: <input type="checkbox"/> Approve the Proposal <input type="checkbox"/> Require Resubmission of the full proposal with highlighted corrections by: _____ Date: _____

Defer Decision

Reason for Deferral:

IERB Review Comments