CSUSM/UCSD IRB APPLICATION COVER SHEET

Instructions to Principal Investigator:

- 1. Project must qualify for CSUSM/UCSD IRB review.
- 2. Complete and sign this Cover Sheet.
- 3. Submit this Cover Sheet with the complete IRB application to the Reviewing IRB.
- 4. The Reviewing IRB will review the IRB protocol and communicate with the Relying IRB. A representative of the Reviewing IRB and Relying IRB will sign this Cover Sheet to document completion of the review process.
- 5. Upon completion of review and approval of the IRB protocol, the principal investigator will receive a copy of this Cover Sheet signed by the Reviewing and Relying IRB representatives. At that time, research may begin.

Reviewing IRB: Select the IRB based on the primary affiliation of the faculty member advising the research. Note: For projects that involve UCSD facilities including UCSD Medical Center, UCSD MRI facility, and Moores Cancer Center, or Rady Children's Hospital, the UCSD IRB must be the Reviewing IRB regardless of the primary institutional affiliation of the faculty advisor. Projects that involve the Center for Children and Families, the CSUSM IRB must be the Reviewing IRB.

Reviewing IRB	□ CSUSM	□ UCSD	
Project Information			
Project Title			
24 - 60 - 1 - 70 1	*	N. AD	
Name of Student/Principal	Investigator	Name of Program	
Student e-mail Address		Phone Number	
Name of Responsible Facu	alty Member/Advisor	Home Campus	
Faculty e-mail Address		Phone Number	
Project Funding Source (if	applicable)		
Signature of Principal	Investigator	Date	
Representative of Rev	iewing IRB	Date of Approval	
Representative of Relying IRB		Date of Acceptance	
For Reviewing IRB: For ex	xempt review, please indicate ap	proval category here	