**INSTITUTIONAL APPROVAL FORM**

***All research conducted in a Prisma Health facility engaging Prisma Health patients or employees must submit this request for Institutional approval prior to the initiation of any research activities. Protocols that involve clinical or behavioral interventions with Prisma Health patients must be reviewed by the Prisma Health IRB.***

**Protocol Title (***please attach protocol***)**: Click or tap here to enter text.

**Principle Investigator**: Click or tap here to enter text.

**Funding Source**: Click or tap here to enter text.

 [ ] No Funding

 [ ] Applying (list potential source): Click or tap here to enter text.

**Reviewing IRB** (*please attach approval letter*): Click or tap here to enter text.

**Prisma Health Locations/Clinical Departments Engaged (***please include letter of support***)**:

Click or tap here to enter text.

**Prisma Health Contact/Collaborator**: Click or tap here to enter text.

**Research Subjects will Include**: [ ] Prisma Health Patients

 [ ] Prisma Health Employees

**Prisma Health Services that will Require Funding**:

 [ ] Laboratory Testing

 [ ] Radiographic Examinations

 [ ] Pathology

 [ ] Clinic Space Use

 [ ] Other (please list): Click or tap here to enter text.

**Technology Requirements**:

 [ ] Wearable Device

 [ ] Web-Based Applications

 [ ] Data Collection/Storage

 [ ] Device Requiring Connection to the Prisma Health Network

 [ ] Epic Access

 [ ] Other Technology: Click or tap here to enter text.

**Brief Description of Recruitment Strategy:** Click or tap here to enter text.

**Data Requirements** (*attach data collection tool with all required data elements listed*):

 **Data Collection will Include**: [ ]  PHI (Protected Health Information) (*may require Data Use/Sharing Agreement*)

 [ ]  De-Identified Data Only

 **Prospective Data Collection**: [ ]  Observations

 [ ]  Surveys

 [ ]  Laboratory Tests

 [ ]  Other: Click or tap here to enter text.

**\*Please email this completed form to CRMO@PrismaHealth.org\***

**Submitted by:** Click or tap here to enter text.

**Contact Info:** Click or tap here to enter text.

**Date Submitted**:Click or tap here to enter text.

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| ***CRMO Use Only*****Approved By:** Click or tap here to enter text.**Date Approved:** Click or tap here to enter text. |