Requesting the Use of a Central IRB

Through an agreement with Washington University School of Medicine IRB (WU IRB), approval by this IRB is required before starting any research activity using BHC facilities. If researchers are conducting studies with no legal or financial connection to Boone Hospital Center, they may have the option of using a central IRB outside of WU IRB. If you believe your study is eligible, please complete the attached document and submit by email to Mihaela.Popescu@bjc.org. Your request will be reviewed by both medical and legal staff, and a decision returned to you on whether or not the study is sufficiently separated from BHC facilities and resources to warrant use of a central IRB.
Application for Use of a Central IRB

Study Title: ________________________________________________________________

Principal Investigator: ______________________________________________________

Research Staff (Study Coordinator) ____________________________________________

Sources of funding: __________________________________________________________

Name of Central IRB to be used: ______________________________________________

Briefly explain this study, including the procedure plans and locations from which
these plans will be carried out. Please note any way in which this study might
become affiliated with BHC.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Protocol is attached?  Yes ___ No___
If “No” please explain why:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Statement of Compliance

I understand and acknowledge that I am ultimately responsible for all activities related to the conduct of the proposed research study. I accept responsibility for ensuring the safety and welfare of all human subjects who participate in the proposed research, in accordance with 45 CFR 46 and HIPAA regulations (45 CFR 160 and 164). Statement of Compliance.

_________________________________________________  _______________________
Principal Investigator’s Signature                   Date