

Institutional Review Board

To be completed by the Principal Investigator. All items must be filled in. If "Not applicable," explain why.
This form and all related documents are submitted electronically to: IRB@colum.edu

Study Number: _____

Study Title: _____

Principal Investigator's (PI) Name: _____

PI's CCC Email Address: _____

PI's Mailing Address: _____

PI's Phone Number: _____

Date of original IRB approval: _____

Date of study completion: _____

Summary of Outcome: _____

Signatures Required:

Principal Investigator: _____ Date: _____

Instructor/Supervisor: _____ Date: _____

To be completed by the IRB Reviewer:

Date submitted: _____

Date Closed: _____

Notes: _____

IRB Reviewer: _____ Date: _____