## UHS Application for Approval to Conduct Research at The University of Tennessee Medical Center

Title of Project: Click or tap here to enter text.  IRB Status: □ Approved □ Exempt Please attach IRB approval letter. IRB#:Click here  Principal Investigator Name: Click or tap here to enter text.  Position: □ GSM Faculty □ GSM Fellow/Resident □ GSM Staff □ UTMC Staff □ Other: Click here.  PI Department: Click or tap here to enter text. PI Email: Click here to enter text.	
Type of Study (check all that apply)	:
☐ Drug Study	☐ Prospective Observational
☐ Device Study	☐ Retrospective Data Collection
$\square$ Repository (data or specimen)	☐ Interview/Questionnaire
□Interventional	☐ Chart Review
□Social/Behavioral	☐ Placebo-controlled
$\square$ Randomized	□Blinded
☐ Other: Explain Click or tap here	e to enter text.
If funded, provide source/sponsor: Click here  PROJECT SUMMARY – Include only brief summary. Please submit protocol with application.	
Purpose: Click or tap here to ente	r text.
Patient Population: Indicate Inpa	tient/Outpatient/Other
Anticipated Number Enrolled: Clic	ck or tap here to enter text.
Procedures (Please list non-SOC pro	ocedures to be performed by hospital staff): Click or tap here to
enter text.	
Additional Information:	
Submit completed form to: J	anet Parkey, UHS Compliance email: jparkey@utmck.edu
gnature	Date

## **Approval Requirements:**

Interventional – Sr. Vice President, Strategic Development All Other – Director, Research Compliance and Administration