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**GREATER BALTIMORE MEDICAL CENTER
Institutional Review Board**

Application for Full Board Review of a NEW Protocol

Date of Application:

Title of Study:

Principal Investigator(s):

Address:

Phone:

Study Coordinator/Contact Name:

Phone:

Fax:

Study Drug or Device Name:

Drug Company/ Study Sponsor Name:

Rep Contact Name:

Address

Phone

Inpatient stay required:

Surgical procedure required:

Your protocol will not be reviewed without the following attachments:

_____ Informed Consent with HIPAA requirements

_____ Signed Conflict of Interest Statement from each Investigator

_____ Completed Clinical Trials Billing & Registration Plan

_____ Investigator Brochure, when supplied by a sponsor

_____ Review Fee (\$500 Initial Review Fee for complete protocol reviewed by Full Board IRB)

Payment Options: Check payable to GBMC IRB attached to protocol when submitted.
Departmental transfer of funds (pre-arranged).
Waiver of Fee (if justified) / Request Form is posted on website.

Submit protocol and attachments to: Judy Disharoon, Institutional Review Board
GBMC Medical Staff Office
6701 North Charles Street, Baltimore MD 21204

For IRB use / Full Board Review date:

Review Fee:

COI:

Assigned IRB #:

B&R forwd:

Investigator Brochure: