Determination / Notification
IRB of Record for Human Subject Research Projects
performed at Georgetown University (GU)
and <other location>

Principal Investigator:
Address:
City: **State:**
Phone: **E-mail:**

Project Coordinator:
Address:
City: **State:**
Phone: **E-mail:**

Title of Project:

Location where project will be conducted: (1): (2):
Source of Funding: **Award number,** if any:

Submit the following (required) one to each institution:	**To the following Institutional Review Boards:**
☐ Two copies of the **IRB of Record Form** (this form) ☐ Two copies of a detailed **summary of the proposed research protocol** (You may use either the Howard University or Georgetown University IRB application for your summary); ☐ Two copies of the **consent form.** (Please submit the consent forms for the IRB of the institution that you propose will be the IRB of record).	**Georgetown University IRB** SW 104, Med-Dent Building 3900 Reservoir Rd NW, Washington DC 20007 202-687-1506 (phone) 202-687-4847 (fax) and ***IRB*** Address

Please identify the IRB most likely to review the research project
☐ Committee A (Biomedical and Pediatric Oncology Research)
☐ Committee B (Biomedical Research)
☐ Committee D (Oncology Research)
☐ Committee C (Social and Behavioral Research)

The Principal Investigator will be informed which IRB will take jurisdiction of the research. If any additional information is needed the Principal Investigator will be notified. **The Principal Investigator then should submit the full IRB application to the appropriate Institution's IRB. (<other location> documents for <other location> IRB submission, and GU documents for GU IRB submission)**

IRB Office Use Only

The official(S) signing below agree that the designated IRB (or both) will be responsible for review and continuing oversight of the human subject research described above and that such review and oversight will meet the human subjects protection requirements of the applicable OHRP-approved assurance.

IRB(s) of Record will be: ☐ **GU Only** ☐ ***** Only** ☐ **GU and *****

Authorized institutional official or IRB chair for:

Signature Date	Signature Date
Type in Name **Georgetown University**	Type in Name <other location>