**Cover Sheet**

**Yale University Institutional Review Boards**

**Request for Protocol(s)-Proposal Congruency**

**Form 100 FR 26 (2018-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions to Investigators:** Use this form at time of **JIT submission**. Complete the information required below and attach this form to the relevant IRB protocol document(s) – e.g, initial protocol application, or amendment request – for congruency review. Submit this request and associated document(s) to the IRB.  **\*A separate form must be submitted for each new funding source\***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Yale Grant Proposal Principal Investigator:** Click or tap here to enter text.  **Department Business Administrator:** Click or tap here to enter text. | | | |
| **PI’s Campus Address:** Click or tap here to enter text. | | | |
| **Campus phone:**Click or tap here to enter text. | **Fax:**Click or tap here to enter text. | **Pager:**Click or tap here to enter text. | **E-mail:**Click or tap here to enter text. |

**Grant Funding Source:**Click or tap here to enter text.

**IRES Proposal Number (Example: 14-123456):** Click or tap here to enter text.

**Title of Grant Proposal (submitted to the funding agency or Sponsor):** Click or tap here to enter text.

**Funding period of Grant Proposal:** Click or tap here to enter text.

**Proposal PI *must* identify** **ALL HIC/HSC protocols that are conducting research that is funded by the grant proposal**:

|  |  |  |  |
| --- | --- | --- | --- |
| **IRB PROTOCOL NUMBER** | **PROTOCOL PRINCIPAL INVESTIGATOR** | **IRB APPROVAL DATE** | **IRB EXPIRATION DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For use by HIC/HSC reviewer only:**

Indicate the following and submit this form via email to OSP at [osp@yale.edu](mailto:osp@yale.edu)

Congruency performed by: Click or tap here to enter text. Date: Click or tap here to enter text.

*If applicable*: The Genomic Data Sharing Plan associated with this protocol is consistent with the NIH Genomic Data Sharing Policy requirements for IRB assurance. Data submission is not inconsistent with the informed consent provided by the research participants.