

NOTE: Title or Name of Protocol:

	PLEASE COMPLETE EACH SPACE IN THIS COLUMN (ATTACH SEPARATE SHEET, IF NECESSARY)
16. Are any invasive Procedures to be performed? (Other than venipuncture or placement of simple IV catheter)	YES NO If Yes, please elaborate:
17. Describe the Compensation Arrangement between the Study Sponsor and the P.I. and/or the Co-Investigator and the Compensation Arrangement between the Study Sponsor and the Institution (including recruitment fees, or any other money, directly or indirectly in connection with the Study.	NONE N/A
18. Do you or any other person responsible for the design, conduct or reporting of this research have an economic interest in, or act as an officer or a director of any outside entity whose financial interests would reasonably appear to be affected by, the research?	YES NO If Yes, please elaborate:
19. If you submitted this research protocol to another IRB, was approval denied or revoked at any time or have you ever voluntarily withdrawn or removed your request for approval?	YES NO N/A If Yes, please elaborate:
STUDY COORDINATOR NAME, PHONE, & E-MAIL ADDRESS (local contact person)	
PRINCIPAL INVESTIGATOR NAME	
PRINCIPAL INVESTIGATOR SIGNATURE	
DATE SIGNED	

REQUIRED ATTACHMENTS (deliver noted documents to *CANCER DATA SERVICES*, Yakima Valley Memorial Hospital

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| <p>A. One (1) Copy of the following:</p> <ol style="list-style-type: none"> 1. Curriculum Vitae for <u>each</u> Investigator 2. Check in the amount of <u>\$1,500</u> made Payable to this Hospital (if applicable) 3. Clinical Trial Reimbursement Forms (if applicable) | <p>B. (Include Originals in order as noted):</p> <ol style="list-style-type: none"> 1. This Request for Approval Form* 2. Proposed Informed Consent (conformed to Hospital IRB Sample) 3. Entire Study Protocol 4. Investigator's Brochure, if applicable <ol style="list-style-type: none"> 1. Proposed Advertisement, if applicable 2. Any other study-related documentation |
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* To assure placement on agenda, fax or e-mail a copy of **THIS FORM ONLY** to:
 Fax: 509/574-5854 Email: LeAnne.Hathaway@yvmh.org