

**Appendix C**

KUMC# \_\_\_\_\_

HSC# \_\_\_\_\_

# KUMC

University of Kansas Medical Center

## APPLICATION FOR REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS

**Submit this form with original signatures and two (2) single-sided copies of the complete protocol**

TITLE OF PROJECT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor/Agency \_\_\_\_\_

IND/IDE # (if applicable): \_\_\_\_\_ PROTOCOL # (if applicable): \_\_\_\_\_

**RESPONSIBLE INVESTIGATOR: NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

(Must be faculty or professional staff)

(Please type or print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: *The investigator agrees to retain completed patient consent forms for Human Subjects Committee verification at any time.*

**SUB OR CO-INVESTIGATORS: TYPE IN ONLY**

NAME \_\_\_\_\_ Department & School \_\_\_\_\_

NAME \_\_\_\_\_ Department & School \_\_\_\_\_

NAME \_\_\_\_\_ Department & School \_\_\_\_\_

NAME \_\_\_\_\_ Department & School \_\_\_\_\_

**DEPARTMENT CHAIRMAN (Signature Required)**

NAME \_\_\_\_\_ Department & School \_\_\_\_\_

SIGNATURE \_\_\_\_\_