

PROJECT REGISTRATION

CMU-Pitt BRIDGE Center

Project Name:			
Project Short Name:			
Principal Investigator Name:			
Lab/Research Group Name:			
Department:		Institution:	<input type="checkbox"/> CMU <input type="checkbox"/> Pitt <input type="checkbox"/> Other
Email:		Office Location:	
Office Phone:		Mobile (emergency) Phone:	

Project Personnel

Primary Project Contact:		Email:	
Billing Contact:		Email:	

Project Team Members (use Additional Project Personnel sheet if needed)

Name	Position	Role	Email	Approved

BRIDGE Center Use

Project Review

BRIDGE Center Project ID:			
Date Submitted:		Review Type:	<input type="checkbox"/> Expedited Review <input type="checkbox"/> Full Review
Review Approval:		Date:	

CMU IRB Review

IRB #:		Date Approved:		Expiration:	
Documents Received:	<input type="checkbox"/> Approval Letter <input type="checkbox"/> Full Protocol Text <input type="checkbox"/> Consent Form				

External User Agreement (EUA)

EUA #:		Date Approved:		Expiration:	
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FINAL APPROVAL:		Date:	
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Additional Project Personnel

<i>Project Team Members</i>				
Name	Position	Role	Email	Approved

Additional Notes