

# CORIHS Submission Requirements

## New, First Time Submissions

	EXEMPTION REVIEW	EXPEDITED REVIEW	FULL REVIEW
<b>Obtain 1-8 from IRBNet's Forms and Templates Section</b>			
1. Application for Exemption	X		
2. Registration Form for Expedited or Full CORIHS Review		X	X
3. Application for Expedited or Full CORIHS Review		X	X
4. Supplemental Forms A, B, C, D, E (as applicable*)	X	X	X
5. HIPAA forms (as applicable)	X	X	X
6. Fee authorization form (industry funded studies)		X	X
7. University Hospital Approval Form**	X	X	X
8. Informed Consents/Permissions/Assents (with no track-changes)	X	X	X
9. Recruitment materials	X	X	X
10. Data collection sheets (e.g., spreadsheets, case report forms)	X	X	X
11. Surveys, Questionnaires	X	X	X
12. Protocol	X	X	X
13. Grant (if funded, or seeking funding)	X	X	X
14. Package inserts for approved drugs/devices (as applicable)			X
15. Investigator Brochures for investigational drugs/devices (as applicable)			X
16. Inclusion/Exclusion checklist (to be completed for each subject)			X
17. (Oncology studies only) Scientific Review Committee (SRC) Approval	X	X	X
*Depending on your responses in the CORIHS Application: <b>A:</b> Questionably-/Non-Viable Neonates, <b>B:</b> Prisoners, <b>C:</b> International Research <b>D:</b> Sponsor-required ICH-GCP <b>E:</b> Community Based Research			
**if your research activity involves the facilities, patients, and/or services of any of University Hospital's inpatient or outpatient locations, (with the exception of the outpatient clinics located at Riverhead, Southold, Plainview, or Medford)			